

Public Response Request:

OCT 28 2015

Dry Needling

On 11 September 2015, a handful of Iowa licensed acupuncturists attended the Iowa Board of Physical and Occupational Therapy's Meeting. On the agenda was time to discuss whether physical therapists should be able to perform a technique called Dry Needling. All of the acupuncturists in attendance spoke against PTs performing this invasive therapy, but physical therapists in attendance argued for the technique to be allowed. Following this meeting, the Iowa POT Board will allow public input on this matter **only until October 29**. Then they will deliberate and make a final decision in December. The Board published the following statement:

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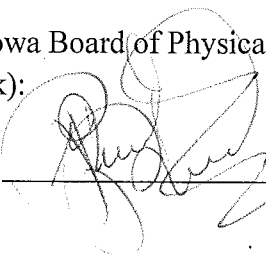
Please check any and all boxes for who you think should be able to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 2500+ hours of training, Nationally Accredited Graduate Degrees.
- ☒ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
- ☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name:

 Me 10-15-15

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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your name: DIANE RENDER

I have had many years of treatment with acupuncture by an accredited graduate degree acupuncturist. Without this treatment I am sure my ability to walk, now, would be greatly impaired.

Many different problems that I have encountered in these years would not have been able to be addressed by anyone without a nationally

accredited Graduate Degree.

Physical Therapist are able to help persons in their own way but I feel they are not able to help to the depths and to the degree of a licenced acupuncturist.

I was unaware at the start of my treatment just how much assistance and expertise I would need as the years went on.

I am so thankful for the scope of training that my acupuncturist possesses because without it I am sure they would not have been able to help me as much as they have.

For these reasons I would only recommend an acupuncturist with an Accredited Graduate Degree.

Thank-you,
Diane Bender

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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: Kathy Selko

I have been receiving acupuncture services for nearly 20 years. Always through a licensed Acupuncturist. I know it has kept me from 2 surgeries. It has also been invaluable in managing pain due to degenerative disc disease. Acupuncture must only

be practiced by fully trained
and ~~licen~~ licenced practitioners.

It is my understanding that
in dry needling, acupuncture needles
are used. — that is acupuncture
and certainly needs more training
than 24 or even 300 hours.

Acupuncture is an ancient form
of Chinese medicine — proven to
be effective for treating a wide
variety of physical and emotional
problems. The Iowa POT Board
should not allow this medical
form of treatment to be practiced
by those who are not optimally
trained.

Thank you for the opportunity to
provide this input.

Daphne Solko, LISW
Nevada, IA

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Please use the space below to further explain your opinion (more space on the back):

Your Name (required): Peggy N Fay

The reason I seek out licensed acupuncturists for my health
needs should be evident by the info. on training requirements
listed above. It is a disservice to the public to allow

more on back...

Your Name: Others to practise the "art" with such little
training.

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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: Edward Roehl

The number of hours of training for acupuncturists vastly exceed ^{required} that of other specialties. These non-acupuncturists should not be using needles with such limited training! Nor do they have any understanding of the theory behind acupuncture ^{or} of Traditional Chinese Medicine.

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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: John Emanoil, L.Ac.

It is my belief that there is not enough training to justify the practice of Dry Needling. This could pose a danger to

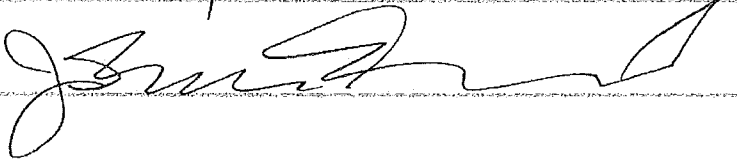
The patient ~~Licensed Acupuncturist~~

Sincerely,

John Emanuel

9792 Sunset Terrace

Clive, LA 90325



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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: Jamie Williams

The safety of the individual under treatment is of the utmost importance and the best way to ensure that is for the person administering the treatment to have the best possible training.

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Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: Charlene Kravinsky

All holistic practices should have training that matches medical training. I would not go to a doctor who had a class in treatment. I

feel that as an elderly person we are
being treated with so many different
treatments. If the person treating me
isn't trained properly, I am being
taken advantage of. I am not able
to know this because I am being
required to question all treatment. Please
give me the courtesy of having honest
and well trained people doing a good
job. There are too many undertrained ~~and~~
people causing confusion and not giving
us the safety of treatment needed.

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Your Name:

Lauren Gruyer
Lauren Gruyer

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Print Your Name (required): SUE BAUER Signature: Sue Bauer

City/State/Zip code: Ankeny IA 50021

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Print Your Name (required): Jessy Dickinson Signature: [Signature]

City/State/Zip code: Ames, IA 50010

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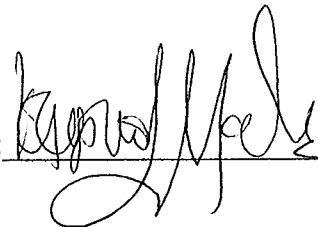
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Print Your Name (required):

KEVIN A. MANNING

Signature:



City/State/Zip code:

W.D.M. IA 50266

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Print Your Name (required): Gerrica Watson Signature: Gerrica Watson

City/State/Zip code: Des Moines, IA 50310

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Print Your Name (required): PATRICK DEGEN Signature: [Signature]

City/State/Zip code: DES MOINES IA 50310

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- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Melissa Smith Signature: Melissa Smith

City/State/Zip code: Des Moines, IA 50313

Public Response Request:

Acupuncture/Dry Needling

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Mail to: IPOT/Judy Manning, Lucas Building, 321 E. 12th St., Des Moines, IA 50319.

Feel free to use this sheet to record your opinion on this public safety matter, so that your views may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 3,300+ hours of training (including 700-900 hours of supervised clinical internship), Nationally Accredited Graduate Degrees.
- ☐ ☐ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
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Please use the back of this page to further explain your opinion.

Print Your Name (required): SARA KOCH-STANLEY Signature: Sara Koch-Staley

City/State/Zip code: URBANDALE IA 50302

Public Response Request:

Acupuncture/Dry Needling

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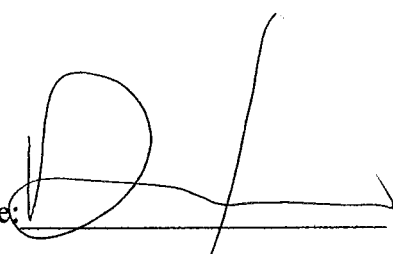
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Dan Limthun Signature: 

City/State/Zip code: 50131

Public Response Request:

Acupuncture/Dry Needling

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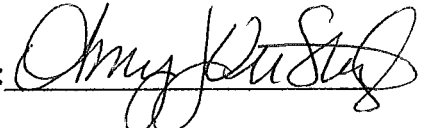
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Print Your Name (required): Amy J Ver Steegt Signature: 

City/State/Zip code: Urbandale IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jamie Welch Signature: Jamie Welch

City/State/Zip code: Perry, IA 50220

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): VICKI DAVIS Signature: 

City/State/Zip code: UW, Ia 50325

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Kelli Rose Brown Signature: [Signature]

City/State/Zip code: Boone IA 50036

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Marilyn L. Hart Signature: Marilyn L. Hart

City/State/Zip code: Des Moines Iowa 50324.

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Linda E Nevitt Signature: Linda E

City/State/Zip code: Perry, IA. 50220

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Sue Vander Zyl Signature: Sue Vander Zyl

City/State/Zip code: Wandale, IA 50323

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Cynthia L Sheriff Signature: Cynthia L Sheriff

City/State/Zip code: Des Moines IA 50313

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Mary Ann Gardner Signature: Mary Ann Gardner

City/State/Zip code: West Des Moines, Ia 50266

Public Response Request:

Acupuncture/Dry Needling

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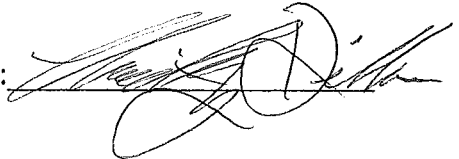
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Charity Dillman Signature: 

City/State/Zip code: Urbandale, IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Lana R. Luns Signature: 

City/State/Zip code: Centerville, IA 50023

Public Response Request:

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Print Your Name (required): Ruth L. Green Signature: Ruth L. Green

City/State/Zip code: Urbandale, Iowa 50323

Public Response Request:

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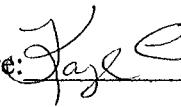
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Kayla Carlton

Signature: 

City/State/Zip code: Ankeny, IA 50021

Public Response Request:

Acupuncture/Dry Needling

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Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

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- ☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
- ☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required):

KATHLEEN A. ROONEY-HOKENS

Signature:

Kathleen Rooney-Hokens

City/State/Zip code:

DES MOINES, IA 50313

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required):

Barb Burley

Signature:



City/State/Zip code:

URbandale

Iowa 50323

Public Response Request:

Acupuncture/Dry Needling

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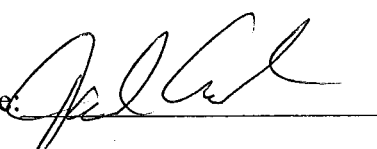
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Print Your Name (required): Jared Carlson Signature: 

City/State/Zip code: Norwalk IA 50211

Public Response Request:

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Print Your Name (required):

Wendy Goret

Signature:

Wendy Goret

City/State/Zip code:

Prole IA 50229

Public Response Request:

Acupuncture/Dry Needling

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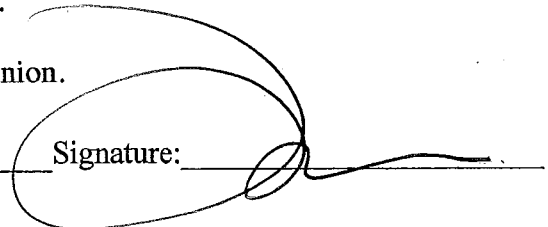
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Print Your Name (required):

Mikaela Boret

Signature: _____



City/State/Zip code:

Prose IA 50229

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Print Your Name (required): Katie M Steffen Signature: 10/17/15

City/State/Zip code: Des Moines IA 50315

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Kristin Swanson Signature: Kristin Swanson

City/State/Zip code: Urbandale, IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Stephanie Kitchen Signature: Stephanie Kitchen

City/State/Zip code: Johnston, IA 50131

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Shannan Morgan Signature: Shannan Morgan

City/State/Zip code: Des Moines, IA 50312

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Felicia Bradley Signature: Felicia Bradley

City/State/Zip code: Des Moines, IA, 50315

Public Response Request:

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Print Your Name (required): JUDY PENSON Signature: Judy Penson

City/State/Zip code: Des Moines, Iowa 50313

Public Response Request:

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Print Your Name (required): Ann Sloan Signature: A 2 Sloan

City/State/Zip code: Waukee, IA 50263

I have had acupuncture treatments for a total of approximately 10 years with licensed acupuncturists with graduate degrees. Truthfully, I wouldn't trust anyone to do acupuncture on my body who didn't have the degree of training and education that my acupuncturists have had. They know what they're doing, they are able to answer questions from their wealth of knowledge and experience, they use proper needle technique and know how to do what's necessary to protect patients from contaminated needles and possible injections. Please do not dilute this profession. It is not a job that anyone and everyone is capable of doing, nor should be doing. If these other professions provided the same amount of training, education and clinical practice, I would feel differently, not to mention the continuing ed. that acupuncturists undertake. Keep things as they are, please.

P.S. I've also been to physical therapy a number of times for shoulder issues + following

Public Response Request:

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Print Your Name (required): Telford A. Ladd Signature: Telford A. Ladd

City/State/Zip code: West Des Moines Iowa 50266

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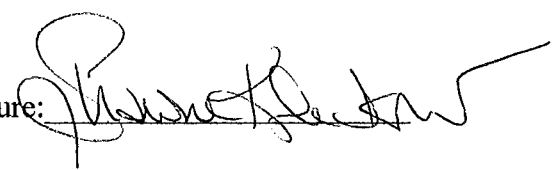
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Print Your Name (required): Shawne Kleckner Signature: 

City/State/Zip code: Urbandale IA 50323

I believe it is incredibly important for someone to have adequate training before performing this type of procedure. A few days of training is simply not enough. Training should be from a certified expert who supervises directly people looking to perform this technique. Certainly 24 hours is less than the training someone would get to cut hair, let alone put needles in places on your body.

Public Response Request:

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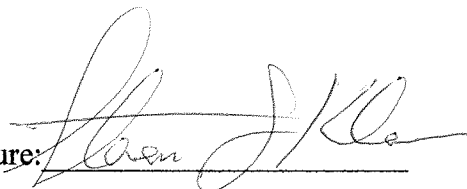
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Print Your Name (required):

Steven Klaus

Signature:



City/State/Zip code:

Urbandale, Iowa

50323

Public Response Request:

Acupuncture/Dry Needling

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Feel free to use this sheet to record your opinion on this public safety matter, so that your views may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

☒ ☐ Licensed Acupuncturists, 3,300+ hours of training (including 700-900 hours of supervised clinical internship), Nationally Accredited Graduate Degrees.

☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.

☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.

☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.

☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Tim Johnson Signature: Tim Johnson

City/State/Zip code: Des Moines, Ia 50317

Public Response Request:

Acupuncture/Dry Needling

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☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Rick Hutek Signature: [Signature]

City/State/Zip code: Des Moines IA 50070

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required):

Tim Hedina

Signature:

Tim Hedina

City/State/Zip code:

Des Moines 50317

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): M. Joene Runkel Signature: M. Joene Runkel
City/State/Zip code: Des Moines, Ia 50313

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Aronow, D.O. Signature: Martin Aronow, D.O.

City/State/Zip code: Des Moines Iowa 50309

Public Response Request:

Acupuncture/Dry Needling

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☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Deb Williams Signature: [Signature]

City/State/Zip code: Runnells, Iowa 50237

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Troy Johnson Signature: Troy Johnson

City/State/Zip code: Des Moines IA 50320

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Sherry McGill Signature: Sherry McGill

City/State/Zip code: Des Moines IA 50319

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Martha A. Ross Signature: Martha A. Ross

City/State/Zip code: Carlisle IA 50047

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Mike Williams Signature: Mike Williams

City/State/Zip code: Bunnells Iowa 50237

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Kathy Sellers

Signature:

Kathy Sellers

City/State/Zip code:

Pleasant Hill, IA 50327

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required):

Carolyn Graves Signature: Carolyn Graves

City/State/Zip code:

Runnells, IA 50237

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Elaine Lombard Signature: Elaine Lombard

City/State/Zip code: Ames, Ia 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Alison Borg

Signature:

Alison Borg

City/State/Zip code:

Altoona, IA 50009

Public Response Request:

Acupuncture/Dry Needling

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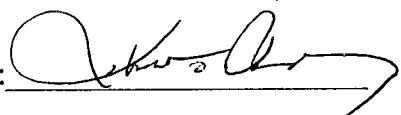
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Roberto Rodriguez Signature: 

City/State/Zip code: Des Moines IA 50315

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

BRIAN Hulbert

Signature:

Brian Hulbert

City/State/Zip code:

Mingo

IA

50168

Public Response Request:

Acupuncture/Dry Needling

On September 11, 2015, a handful of Iowa licensed acupuncturists attended the Iowa Board of Physical and Occupational Therapy's Meeting. On the agenda was time to discuss whether physical therapists should be allowed to perform an acupuncture technique they call Dry Needling. All of the acupuncturists in attendance spoke against PTs performing this invasive therapy, but physical therapists in attendance argued for the "Dry Needling" acupuncture technique to be allowed. Following this meeting, the Iowa POT Board will allow public input on this matter *only until October 29*. Then they will deliberate and make a final decision in December. The Board published the following statement:

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Mail to: IPOT/Judy Manning, Lucas Building, 321 E. 12th St., Des Moines, IA 50319.

Feel free to use this sheet to record your opinion on this public safety matter, so that your views may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 3,300+ hours of training (including 700-900 hours of supervised clinical internship), Nationally Accredited Graduate Degrees.
- ☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
- ☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Alham Dlot Signature: [Signature]

City/State/Zip code: Wabor Heights, IA 50324

Public Response Request:

Acupuncture/Dry Needling

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☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion. (I will send a letter separately)

Print Your Name (required): Laura I. Deavers Signature: [Signature]

City/State/Zip code: Windsor Heights, IA 50324

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Josh Blacksmith Signature: [Signature]

City/State/Zip code: Des Moines, IA 50310

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Anne Stein Signature: Anne Stein

City/State/Zip code: Des Moines, IA 50310

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Gretchen Kubal Signature: G. Kubal

City/State/Zip code: Adel, IA 50003

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Kathy Fuller

Signature: Kathy Fuller

City/State/Zip code: Johnston, IA 50131

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jessica Luhman Signature: [Signature]

City/State/Zip code: Waukegan, IL 60087

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Gail Orcutt Signature: Gail Orcutt

City/State/Zip code: Pleasant Hill, IA 50327

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Stephen Vickery

Signature:

Stephen Vickery

City/State/Zip code:

Des Moines, IA

50312

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jessica Madrid Signature: [Signature]

City/State/Zip code: 4416 60th St Urbandale IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Amy Havick

Signature:



City/State/Zip code:

Normal, Ia 50211

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Catherine E Law Signature: C. Law

City/State/Zip code: Urbandale, IA 50322

Public Response Request:

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Please use the back of this page to further explain your opinion.

Print Your Name (required): MARY MITCHELL Signature: Mary Mitchell

City/State/Zip code: Des Moines IA 50313

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Scott A. Hansen Signature: [Signature]

City/State/Zip code: 4377 Oxford Drive, Newark, IA 50211

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Cheryl Eaton Signature: Cheryl Eaton

City/State/Zip code: St. Charles IA 50240

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): CRAIG M. JONES Signature: Craig M Jones

City/State/Zip code: Des Moines, IA 50320

Public Response Request:

Acupuncture/Dry Needling

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Mail to: IPOT/Judy Manning, Lucas Building, 321 E. 12th St., Des Moines, IA 50319.

Feel free to use this sheet to record your opinion on this public safety matter, so that your views may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 3,300+ hours of training (including 700-900 hours of supervised clinical internship), Nationally Accredited Graduate Degrees.
- ☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
- ☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Seth Gibson Signature: Seth Gibson, DO

City/State/Zip code: Clive/IA/50325

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Aaron From, M.D. Signature: AF

City/State/Zip code: W. Des Moines, Ia. 50265

Public Response Request:

Acupuncture/Dry Needling

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Yes No

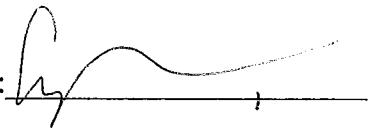
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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Craig Hoffman, PA

Signature:



City/State/Zip code:

Keokuk, Ia 50263

Public Response Request:

Acupuncture/Dry Needling

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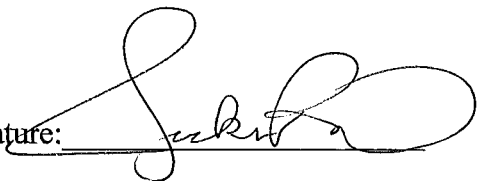
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jackie Roberts RN Signature: 

City/State/Zip code: Des Moines IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Angela Schulte, R.N. Signature: Angela Schulte

City/State/Zip code: WDM/IA/50206

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): David Carlson, RN Signature: David Carlson, RN

City/State/Zip code: Ankeny IA 50021

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Sandy Hall

Signature:

Sandy K Hall

City/State/Zip code:

West Des Moines, IA

50349

50266

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Kim Maxson Signature: Kim Maxson

City/State/Zip code: Urbandale, IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Celia Smith CMA Signature: 

City/State/Zip code: Ankeny, IA 50021

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Gayle Thompson Signature: Gayle Thompson

City/State/Zip code: Des Moines Iowa 50313

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Thuy Cdo Signature: [Signature]

City/State/Zip code: Des Moines, Iowa, 50320

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

Chelsea Christensen

Signature:

Chelsea Christensen

City/State/Zip code:

Winterset, IA 50273

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): MARY COOK Signature: Mary Cook

City/State/Zip code: Norwalk IA 50211

Public Response Request:

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Print Your Name (required): Alex B. Guisean Signature: 

City/State/Zip code: W.D.M., IA 50266

Public Response Request:

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Print Your Name (required):

Heather Barnes

Signature:

Heather Barnes

City/State/Zip code:

Ankeny, IA 50023

Public Response Request:

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jane Talsma Signature: Jane Talsma
City/State/Zip code: Newton, Iowa 50208

Public Response Request:

Acupuncture/Dry Needling

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Mail to: IPOT/Judy Manning, Lucas Building, 321 E. 12th St., Des Moines, IA 50319.

Feel free to use this sheet to record your opinion on this public safety matter, so that your views may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be allowed to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 3,300+ hours of training (including 700-900 hours of supervised clinical internship), Nationally Accredited Graduate Degrees.
- ☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
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- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Donna Brown Signature: [Signature]

City/State/Zip code: Des Moines, IA 50320

Public Response Request:

Acupuncture/Dry Needling

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- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Please use the back of this page to further explain your opinion.

Print Your Name (required): Sara Lancaster Signature: Sara Lancaster

City/State/Zip code: Boonville, IA 50038

Public Response Request:

Acupuncture/Dry Needling

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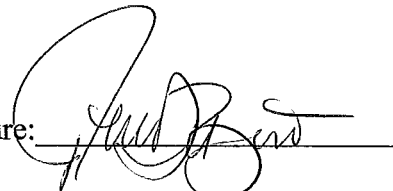
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Please use the back of this page to further explain your opinion.

Print Your Name (required): Wanna M DeBont

Signature: 

City/State/Zip code: Des Moines Ia 50320

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required):

RICK L ELKIN

Signature:



City/State/Zip code:

CUMMING IA 50061

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Ann Heaverlo Signature: Ann Heaverlo

City/State/Zip code: Norwalk, IA 50211

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): JEFF HEAVERLO Signature: Jeff Heaverlo

City/State/Zip code: LOWELL, IA. 50261-4114

Public Response Request:

Acupuncture/Dry Needling

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Print Your Name (required): Mary Lou York

Signature: Mary Lou York

City/State/Zip code: Indianola, IA 50322

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Dianne Jones

Signature: Dianne Jones

City/State/Zip code: Des Moines, Iowa 50320

Public Response Request:

Acupuncture/Dry Needling

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Please use the back of this page to further explain your opinion.

Print Your Name (required): Jeanne Sullivan-Phillips Signature: J Phillips

City/State/Zip code: Des Moines, Ia 50315

Manning, Judy [IDPH]

From: Sherri Jones <sjones@linkp.com>
Sent: Thursday, October 29, 2015 3:24 PM
To: Manning, Judy [IDPH]
Cc: Sherri Jones
Subject: STOP DRY NEEDLING

Judith,

I am new to this community of Ames, Iowa.

I have been having acupuncture for over 20 years and always from a qualified acupuncturist.

I am a nurse and a Clinical Researcher out at ISU Research Park. I am terrified to think that Iowa would think it is ok to have just anyone do dry needling. A weekend conference does not teach anyone how to do acupuncture. As a nurse I believe that this could open patients up to some serious events, and the State of Iowa will regret this in the run.

I beg you ton please do not make it ok for a Physical therapist or athletic trainer to do any kind of acupuncture.

Thank you
Sherri Jones

SHERRI

Sherri L. Jones, LVN., CCRC, CRA
Clinical Research Associate I
NewLink Genetics Corporation
2503 South Loop Drive, Bldg. 5
Ames, Iowa 50010
Phone: 515-598-5020 Ext.2917
Cell: 515-708-7297
Fax: 515-296-3556

sjones@linkp.com



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Manning, Judy [IDPH]

From: Sara Pamela Star <staracupunctureclinic@gmail.com>
Sent: Thursday, October 29, 2015 3:44 PM
To: Manning, Judy [IDPH]
Subject: Dry Needling

Dear Judith,

I have been studying and practicing Acupuncture and Chinese Medicine for 15 years. The dedication to my education and understanding of Chinese Medicine, makes me an excellent practitioner - over 3000 hours of training. My license number for Iowa is A-15.

The "dry needling" acupuncture by Iowa's physical therapy profession, I feel, is unethical, unsafe, and illegal. Dry needling is acupuncture. An acupuncture needle is being inserted into an acupuncture point.

Myself, my patients, and the Iowa Community are greatly concerned when untrained therapists attempt to circumvent state acupuncture laws. The Iowa Association of Oriental Medicine and Acupuncture petition concludes the decision to be made by the Iowa Board of Physical and Occupational Therapy is: the practice of Dry Needling is **Not** within the legal scope of the practice of Physical Therapy and Occupational Therapy. I implore you to make the correct decision for the safety and benefit of the residents of Iowa.

Respectfully,

Sara Pamela Star, L.Ac., Dipl. Ac. (NCCAOM)
Star Acupuncture Clinic



--

Sara Pamela Star, Licensed Acupuncturist

Star Acupuncture Clinic

319-895-6488

StarAcupunctureClinic@gmail.com

www.StarAcupunctureClinics.com





Public Protection Through Quality Credentials

October 29, 2015

Iowa Board of Physical and Occupational Therapy
Bureau of Professional Licensure
Iowa Department of Public Health
Lucas State Office Bldg., 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075

Dear Board Members:

It has come to our attention that your office is reviewing whether an acupuncture technique known as "dry needling" aka "trigger point needling" falls within the definition of the practice of physical therapy in Iowa. As the only certification organization in the U.S. with nationally accredited programs in acupuncture and Oriental medicine (AOM), the National Certification Commission for Acupuncture (NCCAOM®) has serious concerns regarding any regulation that allows PTs who do not have the proper training and assessment to practice any form of acupuncture, to include dry needling. We believe that PTs who are not nationally certified or licensed to practice acupuncture fail to meet the necessary educational and training requirements needed for the safe and effective delivery of any form of acupuncture therapy.

The mission of the NCCAOM is *to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public*. In order to fulfill this mission, the NCCAOM has developed a certification process that provides a unified set of nationally validated entry-level standards for safe and competent practice. It is with this high level of competency standards that certified acupuncturists are qualified to practice dry needling. The NCCAOM believes that unlike nationally certified acupuncturists who have received hundreds of hours of education and clinical training in the foundations, methods, and delivery of acupuncture treatments, PTs do not receive the necessary courses and supervised clinical experience to be able to perform dry needling safely and efficaciously. In addition, PTs do not have to pass a nationally recognized competency assessment for the safe and competent practice of dry needling. This insufficient education and

National Certification Commission for Acupuncture and Oriental Medicine
76 South Laura Street, Suite 1290 / Jacksonville, FL 32202 USA
904-598-1005-main / 904-598-5001-fax / www.nccaom.org

lack of a standardized assessment is not representative of the training and demonstration of competence that is necessary for the entry-level practitioner to provide any form of acupuncture, including dry needling.

Iowa requires acupuncturists who practice dry needling and other forms of acupuncture to meet recognized standards of competence and safety through a rigorous process including completing education from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and NCCAOM certification which includes the passing of the NCCAOM examinations. We consider these NCCAOM standards of eligibility and competency assessment to be the minimum requirements for the safe practice of all forms of acupuncture including dry needling. The level of competence accomplished by those completing the didactic, practice and clinical hours attained by certified and licensed practitioners cannot be matched by those allied health practitioners who would be practicing any form of acupuncture with inadequate training and no validated assessment in this discipline.

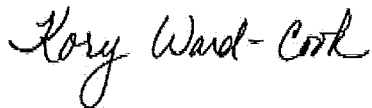
The practice of dry needling is more than merely placing needles at various points for different conditions. For this reason, the NCCAOM believes that the years of education and training that have been specified above must be completed before a full comprehension of acupuncture diagnoses and treatments can be attained; and it is only from such a knowledge base that acupuncture services full efficacy and value can be realized by the public. In fact, any new rule based on this lack of standards would directly contradict the licensing requirements that already exist in Iowa regulating the practice of acupuncture. Existing requirements for licensed acupuncturists include completion of an accredited education program and passing examinations in Acupuncture with Point Location, Foundations of Oriental Medicine, and Biomedicine as well as documentation of an assessment-based clean needle technique certificate. NCCAOM's *Acupuncture with Point Location* and *Biomedicine* exams include competencies related to safety and risk management. The Biomedicine exam specifically covers the areas of office safety, referral, practice management and infection control, which are important KSAs for those practicing any form of acupuncture. We have provided an overview of the Biomedicine examination in the addendum at the end of this letter.

Additionally, NCCAOM recognizes that once a Diplomate enters practice, new KSAs will be acquired through continuing education. In fact, NCCAOM Diplomates are required to acquire 60 Professional Development Activity (PDA) points (hours) every four years to maintain their Diplomate status. Iowa requires current NCCAOM certification; therefore, all licensed acupuncturists practicing in Iowa are required to have met the above requirements.

The NCCAOM is pleased to see that the great state of Iowa recognizes the need for adequate licensing procedures for all health care practitioners. Clearly, acupuncture therapy and other complementary and alternative therapies will be part of the health care landscape in years to come, as evidenced by recent studies and recommendations by the National Institutes of Health. It is the sincere hope of the NCCAOM that, in the interest of public welfare, The Iowa Board of Physical and Occupational Therapy will recognize established standards of professional competence in the practice of AOM in Iowa for the safety of its consumers. We highly recommend that PTs meet the *same* standard for education and examination that licensed acupuncturists must meet in order to practice safely and effectively in Iowa.

I hope you will find this information valuable. Please consider the NCCAOM as a resource for current information about the standards of competence and practice within the field of acupuncture and Oriental medicine. Please feel free to contact me by phone (904-674-2501) or by email (kwardcook@thenccaom.org) if I can offer further information on this topic.

Sincerely,



Kory Ward-Cook, Ph.D., MT(ASCP), CAE
Chief Executive Officer

Addendum:

Our current NCCAOM certification examination in Biomedicine assesses candidates on:

Domain I: Biomedical Model (90% of Total Exam):

- Clinical Application of Biomedical Sciences (including anatomy, physiology, pathology, pathophysiology, etc.), Pharmacology, and Nutrients and Supplements **(30%)**
- Patient History and Physical Examination **(25%)** - Understand clinically relevant information gathered through history taking and physical examination.
- Clinical Assessment Process **(30%)** - Interpret clinically significant information gathered during history taking and physical examination to recognize pathological conditions.
- Clinical Decision-Making and Standard of Care **(5%)** - Analyze information to determine appropriate patient management.

Domain II: Office Safety and Professional Responsibilities (10% of Total Exam):

Recognize and implement appropriate office safety standards and demonstrate knowledge of professional responsibilities.

- Risk Management and Office Safety
- Infection Control
- Federal regulations
- Reporting and Record-Keeping
- Ethics and Professionalism

To obtain a copy of the full NCCAOM examination content outlines, please go to <http://www.nccaom.org/applicants/exam-content>

Laura Deavers
6609 Del Matro Ave.
Windsor Heights, IA 50324

Judy Manning
Iowa Board of Physical and Occupational Therapy
Lucas Building
321 E. 12th St.
Des Moines, IA 50319
judith.manning@idph.iowa.gov

Dear Ms. Manning and all others concerned,

Acupuncture (also referred to as “dry needling”) should remain the domain of fully licensed acupuncture professionals. Requiring full licensure for practice is essential to the legitimacy of the procedure as well as the improving health of those who seek treatment.

More specifically, acupuncture (dry needling) must not be seen as an independent, modular treatment technique that may employed by any health professional in any circumstance, but as part of the greater system of Traditional Chinese Medicine (TCM). One would not play football only knowing how to run (throwing the ball is helpful), and a dentist who only does fillings would not be hugely successful (teeth cleaning is crucial preventative care). The same is true with Traditional Chinese Medicine: acupuncture is performed in conjunction with herbal treatments, and in some cases, breathing exercises or meditation. TCM is an entire framework of thought and healthcare in which acupuncture constitutes a major, but not solitary, pillar.

Thus, the consequences of allowing non-licensed professionals carry out the so-called “dry-needling” are twofold: the potential for limited knowledge in the procedure itself, and the possibility that the technique will be used without the other pillars of TCM – herbal medicine and meditation.

As mentioned above, the legitimacy of the procedure is at stake. Obviously, this is true in the cases in which the procedure is mishandled. However, even if acupuncture, or “dry-needling” is carried out by the best of hands, the patient loses out on a wealth of health knowledge that would further the effects of the techniques and misses the chance to understand acupuncture and TCM’s full potential.

Last, my own experience may serve as an example. I have suffered from anxiety for many years. No treatment has worked better than acupuncture, even anti-depressants combined with psychotherapy. Acupuncture treats the anxiety quite powerfully, however, the effects are prolonged through herbal medicine and breathing exercises. No one element would be as strong without the other. Even speaking with my acupuncturist adds to the effectiveness, because of the philosophy that he transmits.

I do not believe I would have had the same result receiving acupuncture from a physical therapist. In fact, I have never heard it advised to visit a physical therapist in the case of anxiety or depression. TCM is a framework in which the mental and physical are one and the same, or at the very least inseparably joined.

I hope to have persuaded you of the importance not only of receiving acupuncture/"dry needling" from a fully licensed professional, but also from a licensed professional proficient in all aspects of Traditional Chinese Medicine.

Sincerely,

Laura Deavers

Des Moines Chiropractic Center

Dr. Kenneth Van Wyk

Dr. Linda Peters

6900 University Avenue, Suite 108 • Windsor Heights, Iowa 50324

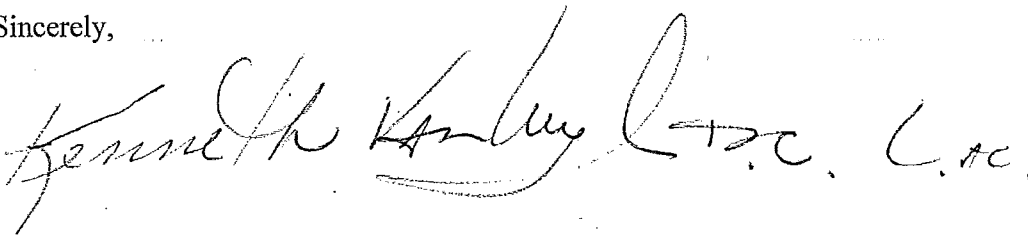
Phones: 515-274-6104 • 515-255-7901 • FAX: 515-255-3355

October 29, 2015

William Terrell:

This is in response to your letter of approximately one month ago pertaining to your request for letters of support in regard to the dry needling situation. As you know in addition to being a chiropractor, I am also a licensed acupuncturist and of course do have the NCCAOM certification. Although I readily understand there is a difference of opinion, it is my belief that dry needling is indeed acupuncture and should be practiced by those individuals who have significant training in acupuncture. To that end I support your position in regard to the dry needling issue. I do believe the Iowa Chiropractic Society and also the Board of Chiropractic have position statements that would be in agreement with you regarding this issue. I am certainly of the opinion that maintaining a high educational standard for acupuncture practice is the correct path for the acupuncture profession to follow--- therefore please be advised I support your position in regard to the dry needling issue and that a high educational standard needs to be set for those who desire to use acupuncture methods and techniques.

Sincerely,

A handwritten signature in black ink that reads "Kenneth Van Wyk D.C., L.Ac." The signature is fluid and cursive, with the last name "Van Wyk" being the most prominent part.

Kenneth Van Wyk DC, Dipl.Ac, L.Ac, CCST, DABCA
KVV / om

Dr. Kenneth Van Wyk: Member American Chiropractic Association, Iowa Chiropractic Society, Foundation for Advancement of Chiropractic Research, American Board of Disability Analysts. Diplomate National Certification Commission for Acupuncture and Oriental Medicine, Licensed Acupuncturist, Certified in Spinal Trauma

Dr. Linda R. Peters, R. N., D. C.: Certified Internal Health Specialist, Member Iowa Chiropractic Society

Whitfield Reaves, OMD, LAc

PO Box 1435, Makawao, HI 96768

Phone: (303) 447-3046

E-mail: WReavesoffice@gmail.com

October 1, 2015

Good day, and respects to you and your public service.

I am a licensed acupuncturist in the States of Colorado, New Mexico, and California. I was in the first graduating class of the first acupuncture college approved by the Board of Medical Quality Assurance in California. I started my training in 1977, and our small group graduated in 1981. Thus, we were among the first caucasians to be licensed in any state in the US. After graduation, I attended an internship at Beijing Medical College, in Beijing, China. It was among the first group educational trainings done for American students in the Peoples Republic of China.

Shortly after opening my clinical practice in 1981, I began my specialization in orthopedic and sports medicine. My experience goes back to the 1984 Olympic games, and the year or so prior treating athletes who were training for that event. At that time, I used traditional Chinese medical techniques common to the treatment of musculo-skeletal pain and injury. The technique of needling was simply called "*Ah Shi*" points. *Ah Shi* (translates as "that's it") points are found in the muscular and tendinous parts of the body, and are found by palpation of the muscle bands. These *Ah Shi* points are generally painful, and described in the traditional writings as areas of "stagnation" or "stasis". *Ah Shi* points are, and have been for centuries, incorporated into many acupuncture protocols for pain or injury.

It took several years for me to realize that this phenomena of *Ah Shi* treatment, well over 1,000 years in the documented texts, was referring to trigger points. I was fortunate to have this explained to me by the founder of the system, Janet Travell, MD. I attended a series of seminars with her in Los Angeles in 1984. My

signed copy of Dr. Travell's first book still is among my most precious texts. Also attending these seminars were a handful of other acupuncturists, in an otherwise predominately physician oriented (MD's) crowd. There were few physical therapists, to my knowledge, at these seminars.

Janet Travell's work, in summary, was the describing of *Ah shi* points of traditional Chinese medicine in a western orthopedic context. It gave us, as acupuncturists, a common terminology in western medical terms in location and needling of these points. Her two volume texts serve as a basic reference for most acupuncturists who specialize in sports medicine and orthopedics.

It should be noted that many of the trigger points Dr. Travell researched have been in continuous use by traditional acupuncturists for at least 1000 years. We date the year 1072 CE (AD) with the finding of the Bronze Statue, which had all the acupuncture points in their exact anatomical location. It is these locations that are currently taught in modern 21st century acupuncture. And many of these points correspond precisely in location to Dr. Travell's work. For example, the acupuncture point Small Intestine 11 is in the exact location as the trigger point of the infraspinatus muscle. The point Stomach 36 is located at the site of the tibialis anterior trigger point.

Janet Travell's work served to describe the precise and predictable location in western medical anatomical terms of where to find trigger points. For the acupuncturist, close to half of these sites are known acupuncture points. When there is not a defined traditional acupuncture point, the *Ah Shi* system – with careful palpation of the muscle – would reveal these points. Janet Travell's texts on trigger points just made the work of the acupuncturist more accessible to healthcare providers trained solely in western anatomical terminology.

Since the early 1980s, a number of acupuncturists have integrated the trigger point work into the traditional teachings of acupuncture. While we were needling trigger points before Janet Travell gave them a western name, we as a profession have been needling them continuously since her first texts and seminars.

I will conclude with a brief personal history since 1984, noting that other colleagues in the acupuncture profession have equal and compelling contributions to this subject. In 1986, I taught my first sports medicine acupuncture continuing education seminar in Santa Fe, New Mexico. This was very early in the developmental process of our profession in the United States, and the creation of specialties in acupuncture. In this course, I included trigger points in virtually all of the treatment protocols for sports injury and pain. Since 1986, I have taught sports medicine acupuncture courses continuously in the US, Canada, and Europe. So, our profession, from my teaching alone, has almost 30 years of history on the subject of trigger point therapy with traditional acupuncture.

In addition to private lecturing, I have been teaching in the acupuncture colleges and the national conferences for over 25 years. Students as well as practitioners have been introduced to trigger points and their use in treating musculo-skeletal disorders. I have also had numerous articles published in peer-reviewed journals which include trigger point protocols. And finally, I authored and published *The Acupuncture Handbook of Sports Injuries and Pain* (2009), which is in its second printing. It is the compilation of near 30 years of clinical experience. There is not a chapter that does not include trigger points and their use in treatment protocol.

In closing, I hope this letter gives you some historical context with the use of *Ahshi* points in the modern acupuncture practice. And clearly, the needling of these points can be considered nothing other than acupuncture. Finally, assuming that we accept this fact that needling *Ahshi* points or trigger points, as a technique of acupuncture, would need considerable evaluation by any medical board as for the number of hours of instruction required for public safety as well as clinical efficiency.

With any questions, please feel free to contact me.

Whitfield Reaves, OMD, LAc

Whitfield Reaves, OMD, LAc

January, 2015

Licensed Acupuncturist, States of CO, NM, and CA

Diplomate, NCCAOM

Doctorate of Oriental Medicine degree

www.WhitfieldReaves.com

P.O. Box 2067

Boulder, CO 80306

(303) 447-3046

WReaves123@gmail.com

EDUCATION

SAMRA University of Health Sciences

Los Angeles, CA

1979-1983

General acupuncture education

1981

Requirements fulfilled for acupuncture certification in California

1983

Doctorate of Oriental Medicine degree (OMD)

Thesis: "Acupuncture and the treatment of common running injuries"

Beijing Medical College Beijing, China

1981

Clinical internship in three Beijing hospital clinics

Diplomate: Advanced Acupuncture

California Acupuncture College

Los Angeles, CA

1978-1979

General acupuncture education

Dharma Realm Buddhist University

Ukiah, CA

1977-1978

Acupuncture apprenticeship with Grace Liu, MD

Certificate of Achievement in Acupuncture

Sonoma State University

Rohnert Park, CA

1976-1977

California teaching credential

University of Oregon

Eugene, OR

1969-1973

Undergraduate education, including premedical studies

1973

Bachelor of Science degree

MEDICAL EXPERIENCE

Sabbatical

2013-2015

Maui, Hawaii and Sonoma, CA

Private Practice

1989-2013

Boulder, CO

Specializing in the treatment of pain, musculoskeletal dysfunction, and sport-related injuries; research and practice of acupuncture for the enhancement of athletic performance

Private Practice

1986-1989

Santa Fe, NM

Southwest Acupuncture College Clinic

Private practice in sports medicine, training of clinical interns

Private Practice

1983-1986

Los Angeles, CA

International Sports Medicine Institute

Private practice in sports medicine, with emphasis on elite athletes preparing for the Olympic Trials and 1984 Olympic Games

Private Practice

1981-1983

San Diego, CA

Pacific Acupuncture Group, CA Acupuncture College Clinic

Private practice, training of clinical interns

CURRENT PROFESSIONAL PROJECTS

- 2009 Author of *The Acupuncture Handbook of Sports Injuries and Pain*. This text is a clinical manual that integrates traditional Chinese acupuncture with western orthopedic and sports medicine. It outlines the diagnosis, assessment, and treatment protocol for 25 common sports injuries. This book was self-published under the name Hidden Needle Press.
- 2006-present Development of research design to study the effects of acupuncture techniques for the enhancement of athletic performance. Studies will use such parameters as heart rate, VO2 utilization, and blood lactate levels. Study projected to be conducted in 2011.
- 2007-present Acupuncture Sports Medicine Apprenticeship Program
An individualized teaching program for recent graduates and practitioners of acupuncture approved by the NCCAOM for continuing education credits. Emphasis is on the diagnosis and treatment of common sports injuries, as well as the general medical care of the athlete and active patient. Course length is six months.
- 2007-present Providing NCCAOM approved continuing education credits for practitioners in the use of western orthopedic testing, and its integration into the practice of acupuncture. Co-instructor is an Orthopedic Physicians Assistant and Certified Athletic Trainer.

TEACHING EXPERIENCE

- 2006-present Acupuncture Sports Medicine Apprenticeship Program
Multiple programs, in small group mentorship-style training
- 1997-present Acupuncture Instructor
Southwest Acupuncture College, Boulder, CO
- 1986-1989 Acupuncture Instructor
Southwest Acupuncture College, Santa Fe, NM
- 1980-86 Acupuncture Instructor
SAMRA University, Los Angeles, CA
California Acupuncture College, Los Angeles and San Diego, CA
- 1976-78 Public school teacher, secondary, elementary, and special education
California public school system
- 1983-present Lectures and seminars on sports medicine, including the treatment of pain and sports-related injuries, at various acupuncture colleges throughout the US, Canada and Europe

WEBINARS

- 2013-present Eastern Current Learning, Vancouver, BC Canada
Acupuncture Sports Medicine Webinar Series
18 original webinars on specific injury and pain syndromes

ARTICLES, PUBLICATIONS

Publication: *Acupuncture Treatment of Common Running Injuries*

Part of the the doctorate program in oriental medicine, SAMRA University, 1983

Article: Traditional Chinese Medicine and The Distance Runner

The American Journal of Acupuncture, 1988.

Article: Acupuncture and the Athlete, *American College of Sports Medicine Fit Society*, 2008

Author: *The Acupuncture Handbook of Sports Injuries and Pain*

Self-published through Hidden Needle Press, Boulder, CO, 2009

Book Reviews of *The Acupuncture Handbook of Sports Injuries and Pain*

AAAOM Journal, Spring, 2010

Journal of Chinese Medicine, February, 2010

Article: The Shu-Stream Points, *AAAOM Journal*, Summer, 2010

Article: The Tendino-muscle Meridians, *Acupuncture Today*, March, 2010

Article: Shoulder Pain, Part I & Part II, *Acupuncture Today*, April & May, 2010

Article: Ilio-tibial Band Syndrome, *Oriental Medicine*, Winter, 2010

Article: Acupuncture Treatment of Shoulder Pain, *The American Acupuncturist*, Summer, 2011

Article: Plantar Fasciitis: The Acupuncture Treatment of Heel Pain,

Journal of Chinese Medicine, June, 2011

Article: Osteoarthritis of the Hip and Acupuncture, *Acupuncture Today*, August, 2011

APPRENTICESHIP TRAINING PROGRAMS

Acupuncture Sports Medicine Apprenticeship Program (2008 to prese t)

60 hour program (NCCAOM approved), consisting of 20 three-hour modules

Program length: Six months

SPORTS MEDICINE ACHIEVEMENTS

1989-present	Private practice in Boulder, CO treating numerous world-class athletes, including professional duathletes and triathletes, runners, and cyclists
1994-1995	Medical care for members of Sun Valley Ski Team
1991	Founding member, National Sports Acupuncture Association
1989-1990	Medical care for members of Ski Club Vail
1988-1989	Medical care for members of the Santa Fe Ski Team
1986-1988	Medical care for ultra-marathon cyclists (Race Across America)
1984	Medical care at 1984 US Olympic Trials and the US Track and Field Nationals
1984	Medical care at the 1984 Los Angeles Olympic Games
1982-1983	Medical care for marathon and long distance runners in San Diego, CA, including athletes training for the 1984 Olympic team

LECTURES AND SEMINARS

Acupuncture Sports Medicine Seminar, Santa Fe, NM (1986)

Considered the first instruction in North America on the sports medicine specialty

New England School of Acupuncture, Boston, MA (1996)

Annual Convention, National Sports Acupuncture Association (1997)

Annual Convention, California Acupuncture Association (1997)

Acupuncture Sports Medicine Seminar, San Francisco CA (1988)

One of the early large seminars on the sports medicine specialty in North America

Annual Convention, AAAOM (1998)

John Bastyr College, Seattle, WA (1998)

Pacific Symposium, San Diego, CA (1999)

Included a discussion on athletic performance, a first for such conferences

Alberta Acupuncture Seminars, Calgary, Alberta, Canada (2004, 2005)

Oregon College of Oriental Medicine, Portland, OR (2005)

Healing Arts Center, Honolulu, Hawaii (2005)

Southwest Acupuncture College, Santa Fe, NM (2006)

Institute for Traditional Chinese, Basel, Switzerland (2006, 2008)

TaoChi Institute, Zurich, Switzerland (2009, 2010)

Integrated Sports Center, Sunnyvale, CA (2010)

Canadian Acupuncture Convention, Vancouver, BC, Canada (2010)

Acupuncture Sports Medicine Apprenticeship Program (2008-present)

Acupuncture Treatment of Pain and Injury, Upper Extremity, Boulder, CO (2006-2013)

Acupuncture Treatment of Pain and Injury, Lower Extremity, Boulder, CO (2006-2013)

Korean Constitutional Acupuncture, Boulder, CO (2010)

Acupuncture Treatment of Upper and Lower Extremity Pain, Doctoral Program,
ACTCM, San Francisco, CA (2011, 2013, 2014)

Acupuncture Treatment of the Shoulder, Colorado School of TCM (2011)

Upper Extremity Injuries, TaoChi Institute, Zurich, Switzerland (2011)

Upper and Lower Extremity Injuries, Journal of Chinese Medicine, Brighton, UK (2011)

Acupuncture Treatment of Pain, Golden Flower Chinese Herbs, NM (2012, 2013)

Anatomically Significant Points, Pacific Symposium, San Diego, CA (2012)

Acupuncture Sports Medicine, Oregon College of TCM (2012)

Acupuncture Sports Medicine and Injuries, Great River Symposium (2013)

Anatomically Significant Points, TaoChi Institute, Zurich, Switzerland (2013)

Acupuncture Sports Medicine and Injuries, Hawaii Institute of TCM (2013)

Acupuncture Sports Medicine Treatment of Pain, Belgium (2014)

Acupuncture Sports Medicine Treatment of Pain, Vancouver, BC Canada (2014)

Acupuncture Treatment of Pain, Baltimore, Maryland Acupuncture Society (2014)

Grand Rounds, Lecture and Demonstrations, Tri-State College, NY (2014)

Acupuncture Sports Medicine Treatment of Pain, Toronto (2015)

Acupuncture Sports Medicine Topics, Great River Symposium (2015)

October 26, 2015

To the Iowa Board of Physical and Occupational Therapy,

I have been studying and practicing Acupuncture and Chinese Medicine for more than 12 years. I have annually studied in China with some of their most celebrated doctors for most of those years. Furthermore, I have more than 13 years of advanced Chinese language studies. This has allowed me to access more than 2,500 years of Chinese medical writings and research. I have translated many modern Chinese Medicine medical journal articles, as well as classical texts written by the great, master physicians of the past 2,000 years. This dedication to my education and the understanding of this medicine has given me great insight into how to best clinically apply the medicine and treat a multitude of conditions.

There is no other way to state my disappointment with the current practices of "dry needling" acupuncture by Iowa's physical therapy profession, than to say I strongly feel it is **unethical, unsafe, and illegal**. Dry needling is acupuncture. If we simply look at the procedure itself we can see how obvious that statement is.

The steps of dry needling are:

Step 1. Take an ACUPUNCTURE NEEDLE (it states right on the box that it is an acupuncture needle).

An acupuncture needle is not a mere tool. It is a class 2 medical device as defined by the FDA, which by state and federal law can only be used by licensed practitioners that are legally able to perform acupuncture. In the state of Iowa that is; licensed acupuncturists, MD's, DO's, chiropractors, dentists, and podiatrists. Physical therapists are not legally allowed to do acupuncture in the state of Iowa or even use an acupuncture needle.

Step 2. Insert the acupuncture needle into the trigger point (aka. acupuncture point or a-shi point)

By definition all trigger points are acupuncture points (but not all acupuncture points are trigger points). There are more points on the body than just the classical acupuncture points. Any point on the body can be considered an acupuncture point or an A-shi point (tender location on the body that may or may not refer pain to a different location). Therefore, by definition, all trigger points are acupuncture points. This theory dates back more than 2000 years. In addition, "dry needling" acupuncture is an invasive procedure, not a manual technique. It should only be practiced by trained and licensed practitioners who are legally authorized to perform invasive medical procedures. In the state of Iowa, physical therapist are not legally authorized to perform invasive medical procedures with Class 2 medical devices (aka. Acupuncture).

At this point, the combination of steps 1 and 2 are already considered acupuncture. If the practitioner is not licensed to perform acupuncture, they have committed a violation of state law.

Step 3. Perform a technique to induce a muscle reaction.

This technique is what physical therapists claim makes dry needling different from acupuncture. However, as we see from the previous 2 steps acupuncture has already been performed. Furthermore, the technique that is performed is not a recent discovery. It is a technique that has been used for more than 2000 years by practitioners of Oriental medicine and recorded in the "Yellow Emperor's Book of Internal Medicine" in 220 B.C. This technique is referred to as "lifting and thrusting". The intention is the exact same as dry needling acupuncture. Dry needling is not a new discovery but yet a new way of defining an ancient technique.

From this we can see clearly that **DRY NEEDLING IS ACUPUNCTURE**. An acupuncture needle is being inserted into an acupuncture point. There is no other way to interpret this!! Regardless of which technique is performed (such as lifting and thrusting), once the needle has penetrated the body, acupuncture has already been performed. It is that simple!! If the board votes to include dry needling acupuncture into their scope of practice they will be in direct violation of state acupuncture laws. I think it will be extremely difficult to convince a judge otherwise. They will be held legally accountable for all injuries and violations that will occur by unlicensed therapists performing "dry needling" acupuncture.

The argument has been made that "dry needling cannot be acupuncture because the therapist is not utilizing Oriental Medicine principles in their treatment." There are 3 ways to respond to this:

First, we can clearly see from steps 1 and 2 from the above example that acupuncture has been administered when taking an acupuncture needle and inserting it into the body. Regardless of what theory is used, it is still acupuncture. It is an invasive technique, not a manual technique. It should not be practiced by therapists who are not authorized to perform invasive procedures, i.e. physical therapists and athletic trainers.

Second, ignorance is not a defense. Just because one is ignorant of Oriental Medicine principles does not mean they are not performing them. If a therapist performs surgical procedure but claims to have not used modern surgical theory or principles, are they performing surgery or not? Of course they are. No matter what theory they claim to have used, it is still legally considered surgery. Acupuncture is the same. No matter what theory you claim you are using it is still legally considered acupuncture.

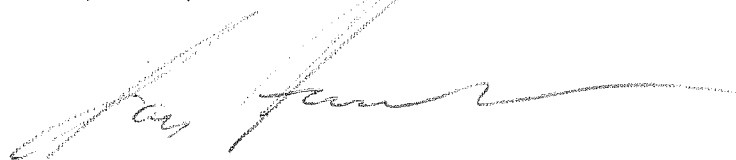
Third, the definition of dry needling is not a new discovery but rather a redefining of a preexisting technique. You cannot perform the same medical procedure and re-brand it to circumvent existing state laws. **This is unethical and illegal**. This is precisely what the Physical Therapy community is attempting to do with "dry needling" acupuncture.

As a practitioner of Acupuncture and Oriental Medicine, I see thousands of patients a year. I have traveled extensively throughout China, and studied in some of the largest hospitals, with some of the greatest, modern doctors of this medicine. I have seen the benefits of acupuncture over and over. It is truly one of the greatest achievements of medical sciences in the history of man. I can clearly understand why physical therapists would like to practice it. It is a great medicine. Unfortunately, I have also seen how damaging it can be when an untrained and unlicensed person uses an acupuncture needle, ie: punctured lungs, punctured kidneys, punctured cerebellum, damage to nerve and muscle tissues, etc. Even if the patient does not suffer physical injury by their untrained practitioner, they may suffer in other ways. Because of the lack of education the practitioner may "steal" the patients ability to have a proper treatment by a properly trained and licensed practitioner, thereby, delaying and even possibly preventing their recovery.

When it comes to "dry needling" acupuncture, it is merely one technique of needling that is utilized by a trained practitioner. There are dozens of possible techniques that may be utilized. Over the past 2500 years, doctors have been developing and refining these techniques. Frankly, "dry needling" acupuncture should be used very minimally, and in only certain conditions. This technique is too aggressive for most conditions and should be used very selectively. An insufficiently trained physical therapist does not know this. This is extremely unfortunate and dangerous for the patient!! It is best for physical therapists to refer patients to a properly trained and licensed acupuncturist if they feel their patient may benefit from "dry needling" acupuncture.

Myself, my patients and the Iowa community are greatly concerned when unlicensed, untrained therapists attempt to circumvent state acupuncture laws for their personal gain. If a physical therapist was truly concerned for their patient's well-being they would refer their patients to a more qualified and trained practitioner. I don't see any logical way the Physical Therapy Board can vote to include "dry needling" acupuncture into their scope of practice and neither do the residents of Iowa. If they vote to include it, they are sending a message to the public that they truly do not care about their patients or the laws of Iowa. Furthermore, they will be in direct violation of existing state acupuncture laws. I implore you to make the correct decision for the safety and benefit of the residents of Iowa.

Thank you for your consideration.

A handwritten signature in dark ink, appearing to read "Jay Heaverlo", with a long, sweeping horizontal line extending to the right.

Jay Heaverlo, M.S. L.Ac.

Midwest Acupuncture Clinic

Board Member Iowa Association of Acupuncture and Oriental Medicine

OCT 29 2015

Kim McCleary, PT, MTC
Buena Vista Regional Medical Center
1525 W. 5th St.
Storm Lake, IA 50588

September 22, 2015

Bureau of Professional Licensure
Attn: Judy Manning
Lucas State Office Building, 5th Floor
321 East 12th St.
Des Moines, IA 50319-0075

Dear Ms. Manning:

I am a physical therapist who has been utilizing dry needling in the treatment of my patients for nearly three years. I am writing in response to the recent petition for declaratory order submitted by the Iowa Association of Oriental Medicine and Acupuncture, which claims that dry needling is not within the scope of practice of the physical therapist. I urge the licensure board to include dry needling within the scope of physical therapist practice.

Patient safety has always been the top priority for physical therapists, with the practice of dry needling being no exception. Physical therapists have extensive, graduate-level training in anatomy, so we are quite aware of structures in the area of treatment and how to avoid contacting arteries, nerves and organs with the needle. Safety is further emphasized in the continuing education training which we receive prior to dry needling. In addition to anatomical awareness, we are familiar with techniques to avoid infection, including cleansing the area prior to treatment, use of clean technique and proper disposal of sharps. Physical therapists learn wound care in graduate programs so these concepts are by no means new.

I have to date treated hundreds of patients safely and effectively with dry needling, although this is certainly not the only treatment that I use. I will continue to employ other physical therapy techniques including thorough examination/evaluation, therapeutic exercise, joint and soft tissue mobilization, posture/body mechanics instruction, and physical agent modalities.

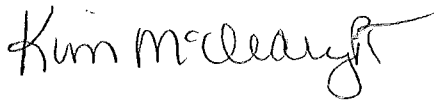
Some patients question whether dry needling is the same as acupuncture, and we always explain to them that this is an entirely different treatment, as well as make it clear that we are not practicing acupuncture. I explain to my patients that the only similarity is in the style of needle used. One analogy that I find helpful is imagining a plumber who uses a hammer on the job. This person is not practicing

carpentry merely because he or she uses a tool familiar to carpenters. Similarly, physical therapists are not claiming to be acupuncturists by treating patients using a filiform needle. We are utilizing physical therapy examination and evaluation techniques, and deciding on an individual patient basis whether to use dry needling to influence the patients neuromuscular system and/or connective tissue.

In summary, physical therapists are using dry needling within safe, effective parameters. Dry needling is an extremely valuable benefit to my physical therapy patients, and I ask the Iowa State Board of Professional Licensure to include dry needling within the scope of physical therapist practice.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, reading "Kim McCleary". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Kimberly McCleary, PT, MTC

and Whole Body Health

24 Sturgis Corner Drive
Iowa City, IA 52246

OCT 29 2015

P: 206-303-9777
F: 319-688-2975

wholebodyhealing@gmail.com
www.AcupunctureandWholeBodyHealth.com
Laura McCoy, MS, LAc, ATC

Ms Judy Manning
Lucas Building
321 E 12th Street
Des Moines, IA 50319

Dear Judy ~

As a Licensed Acupuncturist practicing in the State of Iowa, it concerns me that DC's and PT's utilize a technique in their practices which they call "dry needling". I would like to state my opinion why "dry needling" indeed belongs in the realm of Acupuncture and should be performed by a licensed acupuncturist only after learning proper technique and practices. To begin, I pose a few questions:

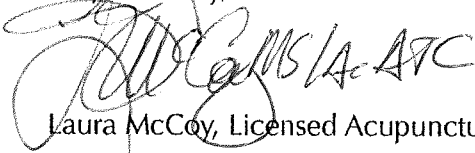
First, has anybody ever heard of "wet needling"? There is no such language in the medical text books that differentiates either "dry" or "wet" needling. Needling with acupuncture needles is acupuncture, nothing more, nothing less.

Second, with the so-called dry needling technique, the chiropractor and/or physical therapist needles--with acupuncture needles--into a painful muscle site. Janet Travell, MD, generally recognized as the leading pioneer in the diagnosis and treatment of myofascial pain, labeled these painful muscle sites "trigger points." Dr. Travell's work takes precedent in physical therapy practice even today. However, "Ashi" points, or painful points, were described first in ancient Chinese Medical text books dating back as long as 3,000 years ago, so this is not new thinking! Old school acupuncturists needled these points along with other acupuncture points to facilitate healing.

Third, I began my health career as an athletic trainer. I chose to go to acupuncture school because I saw my athletes heal faster and respond favorably to acupuncture, but I had to LEARN about the medicine. For instance, three plus years in Traditional Chinese Medical (TCM) school helped me learn that needling into motor points, Ashi points, changes the muscle spindles in response, being demonstrable by range of motion and manual muscle testing. But, more importantly, motor points are combined with channel points to balance and regulate qi and blood in the channels and collaterals...can you learn this in 100 hours? I propose not!

To conclude, no medical term called dry needling exists. This term has been made up by the physical therapists. Ashi points are motor points, commonly known as trigger points. Painful muscle sites on the body can be resolved by needling into the muscle belly, however, to achieve the best result, a person using acupuncture needles should be well versed as to the many other nuances that go into choosing to use a motor point for healing purposes. The acupuncturist needs the proper schooling along with required internship hours in order to be able to achieve the best possible outcome. A certification program, or 100-hour long course, as learned by the chiropractor or physical therapist will not achieve the best possible outcome for the patient.

Very sincerely,



Laura McCoy, Licensed Acupuncturist

OCT 26 2015

20 Oct 2015

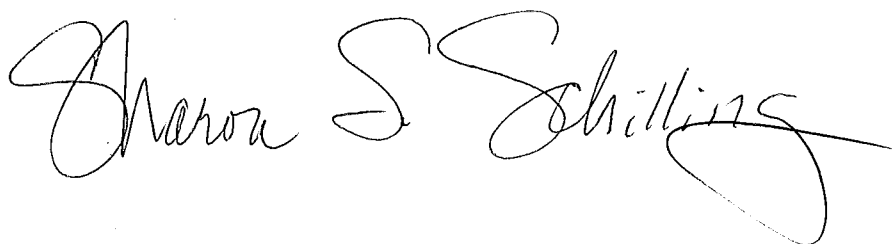
Dear Ms. Manning,

I am very concerned about the issue of licensing the practice of "dry needling" in Iowa and throughout the USA.

I have been an acupuncture patient for more than 30 years in 5 countries (China, Japan, Korea, Germany and the USA). My acupuncture was administered only by medical doctors or licensed acupuncture practitioners with more than 3,000 hours of formal study. I fully understand the serious injuries that can occur when administered by anyone with less than the full course of study. That's the issue: most people, including our legislators, know next to nothing about acupuncture and, in making the laws regarding acupuncture, have simply responded to the strongest lobby. There are many, many practitioners in multiple states across the USA who skirt the licensing requirements by calling it "dry needling", etc. My friend and neighbor in Fort Dodge, IA was seriously injured in the spring of 2015 by a chiropractor using dry needling. Patients do not understand what serious injuries can occur and they certainly are not being warned. Dry needling practitioners may be legal according to state laws, but they simply do not have the extensive training and experience provided by a Diploma in Acupuncture or Oriental Medicine. **To potential patients of dry needling practitioners, I would say: Just because the practitioner is licensed by your state does NOT mean you are safe. Acupuncture has been practiced for thousands of years; it is very effective medical treatment ~~ in the right hands!!**

Iowa is a progressive State, concerned about safety and quality of life for our citizens; let's put a stop to this practice!

Sharon Smith Schilling
1683 13th Ave North
Fort Dodge, IA 50501
pusanskm@hotmail.com

A handwritten signature in cursive script that reads "Sharon S Schilling". The signature is fluid and stylized, with the first and last names being more prominent than the middle initial.

OCT 26 2015

Dear Iowa Board of Physical & Occupational Therapy,

I am writing to voice my support for NOT permitting Physical Therapists to practice Trigger Point Dry Needling.

I have been receiving acupuncture regularly for the past 15 years. Since I work in the science field and my occupation is basic science research in a laboratory, I understand the value of science research and of being an informed consumer, and I make a point to thoroughly research any medical procedure before having it done. In researching acupuncture, I have learned much about what it can do, and also much about potential risks. Based on my research, I would NEVER want a practitioner inserting needles in me without adequate training.

Inserting needles into a person is an invasive technique that can be dangerous without proper training. Licensed acupuncturists have a 4 year Master's degree in Oriental Medicine. Physical Therapists conducting Trigger Point Dry Needling only have 24 hours of training - not nearly enough. It's very important to learn exactly how deep to insert the needle, at what angle to insert the needle, and more. Additionally, practitioners of acupuncture learn that inserting a needle into any given point can affect other systems in the body, beyond the immediate vicinity of that point. 24 hours of training is not enough to learn and understand what other body systems you may be affecting by inserting a needle in that particular place. You may inadvertently aggravate or cause another condition if you aren't aware of that point's connections to other body systems. In the review paper, Adverse Events of Acupuncture: A Systematic Review of Case Reports (Shifen Xu, et al. 2013. Adverse Events of Acupuncture: A Systematic Review of Case Reports. Evidence Based Complementary and Alternative Medicine. 2013:581203), adverse effects of inserting needles incorrectly are discussed, as well as the importance of well-trained practitioners.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356/>

Let me highlight a few conclusions that were reached:

“...any medical intervention has the potential to cause damage, particularly when administered by an untrained or unqualified practitioner, or in an unregulated setting.”

“... training programs must enhance student knowledge of anatomy at each acupuncture point. Supervised clinical internships must provide rigorous training in needle direction, depth of insertion with attention to the size of the patient, and methods of manipulation.”

“...acupuncture practice is not risk-free. Adequate regulation can even further minimize any risk. We recommend that not only adequate training in biomedical knowledge, such as anatomy and microbiology, but also safe and clean practice guidelines are necessary requirements...”

OCT 26 2015

Iowa Board of Physical & Occupational Therapy
321 E. 12th Street
Des Moines, Iowa 50319

Attention: Judy Manning

Dear Ms. Manning

There is no disputing the fact that there are numerous differences between the two practices of Acupuncture and Dry Needling (I am sure you are aware of them by now). You now are expected to render a decision as to whether or not to allow the practice of dry needling. I am not a practitioner of Acupuncture but a patient.

I would like to share with you two very important life-changing experiences that I have had as a patient of Acupuncture.

1. I suffered an injury to my 5th lumbar, a bulging disc, while training for my 4th degree Black Belt in Tae Kwon Do. The doctors said on a scale of 1-10, I was an 8 for the disc surgery. At 42, I felt I was too young for the surgery and looked elsewhere for treatment, the pain was extreme. For days I would occasionally use crutches suffering with acute motion restrictions and was in a great deal of pain. I went to a traditional State of Iowa licensed Acupuncturist. After my first treatment, that following morning as I walked out into the kitchen from my bedroom, my kids were amazed that I was 'upright' and not walking as they put it as an "old man". The pain that I had been dealing with was relieved, my range of motion had been restored. I continued with visits to the acupuncturist for 2 months.

I went on to get my 5th degree and now at 57 I like to say I'm back to my younger days of no pain, no restrictions to my mobility and no surgery. If it weren't for the, acupuncturist's experience, training, studying over 2000 hours, I would not be where I am today.

2. 5 yrs. ago I fell down some stairs and infarcted my kidney. After hospitalization, and numerous tests from a group of doctors at Methodist Hospital here in Des Moines, the doctors said that 1/4 of my right kidney had lost function, and that I would still be able to live a normal life. I explained to my acupuncturist what was going on, and she worked with me over a span of 2 months. A couple of months later at my follow-up with my renal doctor and some additional tests, the

doctor was amazed to report that I had regained full function of the kidney. He was unable to explain how it was that I had regained full function of the kidney. Again, I saw first hand what benefits there are to an Acupuncturist.

Today when I see an attempt is being made to fast-track this 'dry needling' you cannot substitute in a few hours what takes years of study, it isn't fair to the Acupuncturist, but more importantly to the patients care.

Its very simple, would you book a flight with a pilot that attended a weekend workshop on how to fly a plane, or would you book a flight where the pilot that has had thousands of hours of experience? The Human body is a miracle of function and design, a crash course on how to insert a needle is only the tip of the iceberg to what it affects systemically. Dry needling just scratches the surface of what impact it has on the other bodies systems. Injury could result from people with good intentions, but not enough education.

Don't approve dry needling.

Respectfully Yours

A handwritten signature in cursive script that reads "Mark Hurm". The signature is fluid and written in dark ink.

Mark Hurm
2220 4th Ave SE
Altoona, Ia. 50009

Public Response Request:

Dry Needling

On 11 September 2015, a handful of Iowa licensed acupuncturists attended the Iowa Board of Physical and Occupational Therapy's Meeting. On the agenda was time to discuss whether physical therapists should be able to perform a technique called Dry Needling. All of the acupuncturists in attendance spoke against PTs performing this invasive therapy, but physical therapists in attendance argued for the technique to be allowed. Following this meeting, the Iowa POT Board will allow public input on this matter **only until October 29**. Then they will deliberate and make a final decision in December. The Board published the following statement:

"Anyone from the public wishing to submit written comments or other documents may do so by mailing or delivering them to the [Iowa Physical and Occupational Therapy] Board office "Attn: Judy Manning" or by emailing them to Judith.manning@idph.iowa.gov.

All submissions must be received by October 29, 2015." The Board is located in the Lucas Building, at 321 E 12th St, Des Moines, IA.

Feel free to use this sheet to record your opinion on this public safety matter, so that your opinion may be submitted to the Board. You may also send letters or emails directly to the Board.

Please check any and all boxes for who you think should be able to use acupuncture needles:

Yes No

- ☒ ☐ Licensed Acupuncturists, 2500+ hours of training, Nationally Accredited Graduate Degrees.
- ☐ ☒ Doctors of Chiropractic, 100 hours of non-accredited, certified training.
- ☐ ☒ Physical Therapists, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Athletic Trainers, minimum 24 hours of training in Dry Needling.
- ☐ ☒ Medical Doctors, with 0 to 300 hours of training.

Let us, and the Iowa Board of Physical and Occupational Therapy, know why you checked what you did (more space on the back):

Your Name: MARK HURM - 2220 4th AVE SE

ALTOONA IA. 50009. I will also send letter.

Thank you

ATTN: Judy Manning
Iowa Board of Physical and Occupational Therapy
321 E. 12th Street
Des Moines IA 50319

OCT 26 2015

To Whom It May Concern:

With my signature below, I verify that I have had "dry needling"—or, more properly speaking, a "lifting/thrusting" technique—performed by an acupuncturist.

Physical Therapists, Chiropractors, and other health professionals claim that "dry needling" or "intramuscular manual therapy" is a unique, Western-created manual therapy in which a fine filiform needle is used to release knotted muscle fibers. Because their use of this technique stems from a Western pain therapy known as "wet-needling," these health professionals believe it is different from acupuncture.

In truth, the "trigger points" that are used in dry needling are the same as "ashi points," and have been used in acupuncture for many centuries. Although not every acupuncture treatment utilizes these ashi points or the lifting/thrusting technique, the fact remains that this method of treatment with an acupuncture needle has been a part of acupuncture training and practice for centuries.

My acupuncturist has used ashi points ("trigger points" or "dry needling") during my treatments many times and I appreciate her expertise and advanced education. I am confident she has had the best training to perform this safely – and I would hope any practitioner who would perform this acupuncture would have the proper training.

Licensure is enacted to protect the health, safety, and welfare of the public. By allowing "dry needling" by unlicensed persons, this undermines licensing and puts the public at risk.

Print name: Christina Monk

Signature: Chl & MC

Date: 22 October 2015

OCT 26 2015

ATTN: Judy Manning
Iowa Board of Physical and Occupational Therapy
321 E. 12th Street
Des Moines IA 50319

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Print name: Donna Glenn

Signature: Donna Glenn

Date: 10/21/15

OCT 26 2015

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Iowa Board of Physical and Occupational Therapy
321 E. 12th Street
Des Moines IA 50319

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Print name: Sue Harms
Signature: Sue Harms
Date: 10/21/15

Manning, Judy [IDPH]

From: Christine Whitmore <cwhittypdx@gmail.com>
Sent: Wednesday, October 28, 2015 4:57 PM
To: Manning, Judy [IDPH]
Subject: Ban Dry Needling

To Judy Manning and Board members,

I am writing to you today to express my opinion to ban the practice of dry needling by physical therapists in the state of Iowa. This is an important public safety concern.

To be a Licensed Acupuncturist, extensive hours of education 2400+, including 700-900 hours of hands on supervised clinical internship are required. It is a complex ancient Chinese treatment that uses meridians or other eastern medicine paradigms as well as palpation to determine the insertion sites of the acupuncture needles. Point location and needle technique are integral part of the core curriculum.

The practice of Dry Needling allows physical therapists to insert acupuncture needles into human tissue after a weekend workshop. Patient may not know if they are being treated by someone with 24 hours of training or years of training. Without the comprehensive education and supervised training, it is only a matter of time before someone is seriously injured.

It is critical to protect the public from unsafe practices. I believe that physical therapists should be required to meet the same standard for education and examination that licensed acupuncturists must meet in order to practice safely and effectively.

Thank you for your consideration,

Christine Whitmore

I am a licensed acupuncturist in Iowa City and I am appalled that anybody thinks that 24 hours is ample time to learn the invasive procedure of acupuncture which is being renamed "dry needling" by your profession. The aggressive lifting and thrusting technique that you are using is incredibly invasive and potentially very damaging to all tissues or, heaven forbid, organs, that the needles are contacting or puncturing. I cannot believe that this is being allowed to happen.

One of my teachers at Pacific College of Oriental Medicine was a medical doctor and an acupuncturist from China who taught us the ancient technique of lifting and thrusting. It is nothing like what you are doing nor is it for the purpose that your profession has deemed appropriate. You are performing an acupuncture technique; you are not doing it appropriately and you are thereby damaging the qi of the patient, which I'm sure you are unaware of and if you are aware of it then what happened to the creed "first do no harm"?

I had a semester long class in orthopedic needling which was for the purpose of releasing the trigger point of the involved muscle which in no way resembles the aggressive lifting and thrusting needling technique that you are employing.

All of my patients who have received "dry needling" from a physical therapist have said they got acupuncture from their physical therapist, none of them have used the terminology of "dry needling".

The insertion of an acupuncture needle into any point on a body is acupuncture. There are no needles that I've seen in any catalog or website that are designated "dry needle" needles, they are all acupuncture needles. You are using acupuncture needles and you are doing acupuncture. You do not have the proper training. Please stop this practice.

Sue Dusterhoft, Dipl O.M., Lic. Ac.

Manning, Judy [IDPH]

From: Alison Carleton <acarletonmd@yahoo.com>
Sent: Thursday, October 29, 2015 10:04 AM
To: Manning, Judy [IDPH]
Subject: Acupuncture/Dry Needling Public Response

Judy-

Please pass my comments on to the appropriate person(s). Thank you!

I am a family medicine physician in solo practice in Nevada, Iowa. I have knowledge of acupuncture both as a patient and as a professional colleague to acupuncturists as well as having family members on the West Coast who have gone through training in acupuncture.

I am aware that patients would like their insurance to cover this service and that it is more likely to be paid if done by a physical therapist. However, I do not believe that the acupuncture/dry needling done by physical therapists has the efficacy of that done by licensed acupuncturists. I know the hours (years) of training required and the many areas of needle points and their effects takes this time and experience to learn.

The main problem for me and my patients comes when I recommend to a patient, who is still suffering, that they try acupuncture. If they have had "dry needling" or "acupuncture" by a physical therapist, they will say, "I already had that" and dismiss it as ineffective, when, in actuality, they have not experienced truly good acupuncture from a licensed acupuncturist. This limits my ability to get patient to accept a treatment that could be truly helpful for them.

The health of the public would not be improved by offering this cheaper, less trained option.

Therefore I believe that only licensed acupuncturists with 3,300+ hours of training (including 700-900 hours of supervised clinical internship), with nationally accredited graduate degrees should be doing acupuncture.

Alison Blythe Carleton, MD
Nevada, Iowa

"Happiness is a value and a guide."

October 28th, 2015

Bureau of Professional Licensure
Iowa Board of Physical & Occupational Therapy
Lucas State Office Building
Des Moines, IA 50319-0075

Dear Board Members,

At the September 11th, 2015 board meeting, I presented details to you regarding my experience as a physical therapist who utilizes dry needling to serve the best interests of my patients. One of the many patients that has benefited from this procedure was also able to speak about her positive experience when dry needling was included as a part of her overall physical therapy treatment. Despite the theoretical claims presented at this same meeting regarding the safety and competency of physical therapists performing dry needling, it is important to consider the evidence available regarding dry needling performed by physical therapists.

Firstly, there are no known complaints to the Iowa physical therapy licensure board related to dry needling performed by physical therapists and malpractice insurance companies have no concerns or significant claims related to physical therapists doing dry needling. Dry needling is an intervention similar to many other interventions performed by physical therapists that can be, and is, performed safely by Iowa physical therapists.

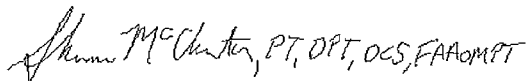
Secondly, physical therapists performing dry needling are undergoing training to assure competency in this intervention. The recent report, "Analysis of Competencies for Dry Needling by Physical Therapists" by the Federation of State Boards of Physical Therapy (FSBPT) provides evidence that the 4/5^{ths} of the dry needling knowledge and skills are acquired in the rigorous entry-level physical therapist training.² Additional educational coursework is available beyond the entry-level education to assure competence in the clinical reasoning behind, and performance of, dry needling. Evidence that physical therapists are able to achieve competence to safely perform dry needling in this manner is provided by a study conducted by Brady et al.¹ In this investigation, 40 licensed physical therapists completed training through several 2-3 day courses on dry needling. This coursework covers the 1/5^{ths} of the skills and knowledge outlined in the FSBPT report that is needed beyond entry-level training to be competent in dry needling. The adverse events of 7,629 dry needling treatments performed by all of these therapists were tracked. There were no serious adverse events; ie pneumothorax, infection, or broken needle, as a result of dry needling performed by physical therapists. While the way that physical therapists are trained in dry needling differs from how Acupuncturists are trained in acupuncture interventions that involve the use of a needle, this study provides sound evidence that the current training process of physical therapists in dry needling is effective and safe. This evidence provides greater confidence in the outcome of physical therapists training contrary to the unfounded and theoretical case that it is not effective that was presented by the Iowa Association of Oriental Medicine and Acupuncture.

While the primary intention of the Iowa Association of Oriental Medicine and Acupuncture petition was stated to protect the safety of Iowans, the claims made against dry needling by physical therapists are based upon theories and non-scientific observations. These theories and non-scientific observations are contrary to more rigorous evidence that demonstrates physical therapists are safely performing dry needling and the entry-level and post-graduate mechanisms of dry needling training are effective to provide competency in this intervention. The FSBPT report,² the Brady et al¹ paper, the lack of complaints to the board, and lack of claims observed by physical therapy liability insurance companies provide solid evidence of that physical therapists are competently performing dry needling within the

physical therapy scope of practice. Physical therapists are ethically and morally obligated to serve their patient's best interests and are regulated under their license including requirements to be competent, including continued education, in the interventions performed under Rules 645-200, 202, and 203.

Thank you for your consideration of concerns related to the petition submitted by the Iowa Association of Oriental Medicine and Acupuncture that attempts to prevent the use of dry needling in physical therapy practice. As a physical therapist and as an advocate of the many patients that I see that benefit from dry needling as a part of their physical therapy treatment, I ask that you continue to allow dry needling to be a part of physical therapy practice. For your reference, I have attached the Brady et al¹ article and would be happy to answer any questions that you may have to help your decision in this matter.

Respectfully,

Handwritten signature of Shane McClinton in black ink, followed by his credentials: PT, DPT, OCS, FAAOMPT.

Shane McClinton, PT, DPT, OCS, FAAOMPT
Physical Therapist
Board Certified in Orthopaedic Physical Therapy
Fellow of the American Academy of Orthopaedic Manual Physical Therapists
(515) 778-8062

References

1. Brady S, McEvoy J, Dommerholt J, Doody C. Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. *J Man Manip Ther.* 2014;22:134-140.
2. Federation of State Boards of Physical Therapy. Analysis of Competencies for Dry Needling by Physical Therapists. Available at: https://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf. Accessed August 27th, 2015.

Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists

Sarah Brady¹, Johnson McEvoy², Jan Dommerholt³, Catherine Doody¹

¹School of Public Health, Physiotherapy and Population Science, University College Dublin, Belfield, Ireland,

²University of Limerick, Ireland, ³Shenandoah University, Winchester, VA, USA

Objectives: Trigger point dry needling (TrP-DN) is commonly used to treat persons with myofascial pain, but no studies currently exist investigating its safety. The aim of this study was to determine the incidence of Adverse Events (AEs) associated with the use of TrP-DN by a sample of physiotherapists in Ireland.

Methods: A prospective survey was undertaken consisting of two forms recording mild and significant AEs. Physiotherapists who had completed TrP-DN training with the David G Simons Academy (DGSA) were eligible to take part in the study. Data were collected over a ten-month period.

Results: In the study, 39 physiotherapists participated and 1463 (19.18%) mild AEs were reported in 7629 treatments with TrP-DN. No significant AEs were reported giving an estimated upper risk rate for significant AEs of less than or equal to (\leq) 0.04%. Common AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs were aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs were fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness, all 0.01%.

Discussion: While mild AEs were very commonly reported in this study of TrP-DN, no significant AEs occurred. For the physiotherapists surveyed, TrP-DN appeared to be a safe treatment.

Keywords: Myofascial pain, Dry needling, Adverse events

Introduction

Trigger point dry needling (TrP-DN) is an invasive treatment approach whereby a solid filament needle is inserted into a myofascial trigger point (TrP) in a muscle.^{1,2} A TrP consists of a hyperirritable spot in skeletal muscle, associated with a palpable nodule in a taut band. When compressed, TrPs may give rise to characteristic pain, tenderness, or motor dysfunction.³ Superficial dry needling (SDN) involves inserting the needle into the skin, fascia, and muscle overlying a TrP,⁴ whereas, with deep dry needling (DDN) the needle is inserted into the TrP with the aim of eliciting Local Twitch Responses (LTRs).⁵ Essential for obtaining therapeutic benefit with TrP-DN, LTRs are reflex spinal cord contractions of the muscle fibers in a taut band.⁶⁻⁸ Eliciting LTRs can reduce concentrations of nociceptive chemicals, such as substance P and calcitonin gene-related peptide, found in the immediate vicinity of active TrPs.^{9,10}

Trigger point dry needling is commonly used in clinical practice by physiotherapists in conjunction with other physical therapy modalities.¹ In many

countries, including Ireland, the United Kingdom, Canada, and Spain, TrP-DN has been recognized to fall within the scope of physiotherapy practice.¹ In fact, the term 'intramuscular manual therapy' is considered by some to be a more appropriate term for TrP-DN as this technique is closely associated with manual therapy.² Research is emerging supporting the use of TrP-DN for conditions such as back and neck pain,¹¹⁻¹³ shoulder pain,¹⁴ and upper quadrant myofascial pain.¹⁵ Furlan *et al.*¹⁶ conducted a systematic Cochrane meta-review of randomized controlled trials investigating acupuncture and TrP-DN for back pain. Trigger point dry needling was found to be a useful adjunct to other therapies in the treatment of persons with chronic low back pain. When used to treat individuals with temporomandibular pain and dysfunction, TrP-DN can also improve pain and movement.¹⁷⁻¹⁹ Non-invasive approaches, including TrP compression release and spray and stretch, are also used to treat TrPs.²⁰⁻²⁴

Trigger point dry needling is an invasive technique with potential for Adverse Events (AEs).

Searches of Pubmed, Medline, and CINAHL by the authors did not find any studies investigating AEs and TrP-DN beyond the level of case study.²⁵

Correspondence to: Sarah Brady, Care of: School of Public Health, Physiotherapy and Population Science, University College Dublin, Belfield, Dublin 4. Email: sarah.brady24@gmail.com

Evidence on the safety of needling techniques comes primarily from prospective studies investigating AEs following acupuncture.^{26–31} Results from acupuncture AE studies cannot be extrapolated and applied to TrP-DN as it differs from acupuncture in the points treated and the method and depth of needle stimulation. As both involve the insertion of a solid filament needle, these studies do provide, however, potentially useful information about risks of needling therapies, similar to TrP-DN.

Witt *et al.*³⁰ carried out the largest prospective acupuncture study to date. Of the 229 233 patients who received 2.2 million acupuncture treatments, 8.6% of patients ($n=19\,726$) experienced at least one AE. In this study, 24 377 AEs were reported, amounting to approximately one AE per 90 treatments (0.9%). Most were mild, including bleeding, hematomas, and pain. More serious events did occur with two reported cases of pneumothorax.³⁰ A prospective survey by White *et al.*,²⁸ involving physiotherapists and doctors, reported 2178 AEs in 31 822 consultations, giving an AE rate of 7%. The majority of these were considered minor AEs, including bleeding and bruising. Forty-three significant AEs were reported including one seizure, anxiety lasting 60 hours, cellulitis, and headache lasting 3 days. A significant event was defined as ‘unusual, novel, dangerous, significantly inconvenient or requiring further information’. The lowest rate of AEs found in a prospective acupuncture study was in a study by Yamashita *et al.*,²⁶ whereby 94 mild AEs were reported in 65 482 acupuncture treatments (0.14%). The higher rates of reactions to acupuncture found in the literature include 11.4% (402 AEs in 3535 treatments) in a prospective acupuncture study by Ernst *et al.*,²⁹ which were not classified into mild or significant; and 15% in a prospective acupuncture study by MacPherson *et al.*,²⁷ however the majority of these could be viewed as positive such as feeling relaxed, and feeling energized.

The acupuncture evidence, although useful, is not sufficient for ensuring the safety of patients undergoing TrP-DN due to the differences that exist between the two techniques. Trigger point dry needling, especially DDN, is performed with greater needle depth and involves manipulating the needle within the muscle to elicit multiple LTRs,¹ whereas, with acupuncture, the needle commonly is inserted to the depth of the acupoint and manipulated gently until a dull ache called ‘*deqi*’ is achieved.³² The needle may then be left *in situ* for as long as 15–20 minutes. Furthermore, the education of acupuncturists and physiotherapists using TrP-DN is considerably different.⁵ A specific study of AEs following TrP-DN was, therefore, deemed necessary. The aim of this study was to determine the incidence of AEs

associated with the use of TrP-DN as practiced by a sample of physiotherapists with David G Simons Academy (DGSA) training in Ireland.

Methods

Definition

For the purposes of this study, an AE was defined as ‘any ill-effect, no matter how small, that is unintended and non-therapeutic’.³³ This was chosen to include mild events and events that occurred through error.²⁸ Based on severity, AEs were sub-classified as ‘significant’ or ‘mild’. The definitions for ‘significant’ and ‘mild’ events were adapted from those proposed by Carnes *et al.*³⁴ In the current study, a ‘mild’ AE was defined as short-term and non-serious, with no change in function, whereas the term, ‘significant’, was chosen to represent moderate or major AEs, described by Carnes *et al.*³⁴ as medium to long-term events that are serious, distressing and may require further treatment. In the study by Carnes *et al.*,³⁴ specific time frames were not included in the final definitions of mild, moderate, or major AEs. However, the general consensus (>74%) was that mild AEs lasted hours, moderate AEs lasted days and major AEs lasted weeks. These differed from the time frames discussed in a separate study considering AEs from the patient perspective.³⁵ In that study, a mild AE was described as lasting from a matter of hours to 2 days by different participants. Moderate AEs could last from 1–5 days and major for more than 2 days. Due to these discrepancies in the literature and the multi-factorial nature of defining an AE,³⁵ it was decided not to impose a strict time frame on distinguishing a mild AE from a significant one.

Ethical approval

Exemption from ethical approval was granted by the Human Research Ethics Committee of University College Dublin on 23 June 2011.

Study design

A prospective questionnaire design was used in this study to avoid recall error.

Survey forms

The questionnaire consisted of two forms, modified with permission from those used by White *et al.*,²⁸ and a demographic data form. The forms were piloted by two physiotherapists for 2 weeks and subsequently, small changes were made.

Form A was used to record the number of TrP-DN treatments completed monthly and any mild AEs experienced. Specific headings for recording mild events included: bruising, bleeding, pain during treatment, pain after treatment, headache, and other mild AEs. This form was completed and returned monthly to the researchers. The form used to record

physiotherapists' demographic data was returned with Form A following month one.

On a separate form (Form B) participants recorded any significant AEs. This could include: needling problems (e.g. forgotten needles, pneumothorax); systemic effects (e.g. fainting, vomiting); influence on symptoms (prolonged aggravation); or other significant events. Participants were asked to record the muscle being treated when the event occurred, the technique used, any necessary medical intervention, and the outcome. Form B was returned with Form A at the end of each month.

Subjects

In the study, 183 physiotherapists who had completed TrP-DN training with the DGSA were eligible to take part. Training with the DGSA in Ireland takes 64 hours³⁶ and is available only to physiotherapists. This includes a two-day course on foundations of myofascial pain and MTrP palpation. Physiotherapists then complete two, three-day TrP-DN courses. DN 1 is concerned with needling safety as well as needling techniques for the upper and lower extremities. DN 2 is completed some months later with emphasis on the muscles of the trunk spine and pelvis. This model has been used extensively in Switzerland and other European countries.

Recruitment

Eligible physiotherapists were invited by email to take part in the study by one of the authors (JM). Potential participants were advised to email the principal investigator (SB) directly if they wished to volunteer for the study. Reminder emails were sent at two and four weeks to non-respondents.

Distribution

Following recruitment, packs were mailed to participants containing: an information leaflet, contact details of the researchers, nine copies of Forms A and B, a demographic data form and nine stamped addressed envelopes. Participants were informed that each respondent would be assigned a code for reporting and only the principal investigator (SB) would have access to the codes. Confidentiality was assured and participants informed that by volunteering for the

study they were giving consent for data to be used for this purpose.

Survey size

The study aimed to identify any rare AEs, meaning a sample size of greater than 10 000 treatments was necessary.³⁷ It was hoped to recruit a third of the 183 eligible physiotherapists ($n=61$). Through discussion with physiotherapists, it seemed reasonable that participants would use TrP-DN 20 times per month. A time frame of 9 months was calculated as being required to record 10 000 treatments.

Analysis

Results were analyzed using Statistical Package for the Social Sciences 18 (SPSS). Descriptive statistics were used to calculate frequencies of various AEs and rates of occurrence per 100 treatments.

Adverse Events were classified based on how frequently they occurred, ranging from very common (more than once in ten treatments) to very rare (less than once in 10 000 treatments) following the European Commission's (EC) recommended classification of AEs (Table 1).³⁷ Spearman's Rank Order Correlation (ρ) coefficients were calculated to test for associations between participants' age, experience, TrP-DN experience, choice of SDN over DDN, and number of TrP-DN treatments completed with their rate of AEs. The Mann-Whitney test was used to compare medians for the seven most common AEs of participants with particularly high rates of AEs and the remaining participants.

Where an AE does not occur in a certain number of treatments (n), Hanley's Rule of Three³⁸ states that the upper risk rate is at most, three in n (i.e. $3/n$). This was used to estimate the upper risk rate of AEs that did not occur.

Results

In the study, 183 physiotherapists were invited to take part. Of these, 51 volunteered to participate and questionnaire packs were posted to all 51. Of the 51 volunteers, 39 returned at least one Form A giving a response rate of 76.47%. Demographic data (Table 2) were provided by 35 of the 39 participants (89.74%). Of the remaining four participants, one reported forgetting

Table 1 European Commission's (EC) recommended classification of Adverse Events (AEs)³⁷

Very common	Common	Uncommon	Rare	Very rare
>1/10	1–10/100	1–10/1000	1–10/10 000	<1/10 000

Table 2 Demographic data for participating physiotherapists, $n=35$

	Age	Experience (years)	TrP-DN experience (months)
Mean	34.03	10.29	23.74
Standard deviation	8.21	8.89	16.73
Range	24–52	1–30	3–60

the form, the others did not respond to follow-up. The mean age of participants was 34 years (SD=8.21) with 30 females and five males taking part. The majority of participants worked in private practice ($n=23$, 65.7%), with four participants (11.42%) working within the Health Service Executive, which is the Public Health Sector in Ireland, and eight (22.86%), worked in both sectors. The respondents' physiotherapy experience varied from 1–30 years (mean=10.29) and TrP-DN experience from 3–60 months (mean=23.74).

Data were collected from September 2011 until June 2012 with each respondent asked to participate for 9 months. In total, 273 Form A were returned, detailing 7629 TrP-DN treatments. The majority of treatments (82.7%, $n=6312$) used DDN, with the remainder (17.3%, $n=1317$) using SDN. Three reports were excluded from analysis as two did not record the number of treatments completed and one was a duplicate. The number of treatments completed per practitioner varied from 10 to 990 (mean=195, $sd=204.16$). In this study, 1463 AEs were recorded, giving a rate of 19.18 per 100 treatments. All AEs were reported on Form A and considered mild. No Form B was returned, therefore no significant AEs were reported. Using Hanley's Rule of Three, the risk for significant AEs can be estimated to be at worst 1/2543 treatments ($\leq 0.04\%$).³⁸

Table 3 displays all mild AEs reported in the study. Data are presented in this table with rates per 100 treatments. The 'Extreme Values' column shows the highest recorded values for individual participants for each AE expressed as a rate per 100 treatments. Results are subsequently discussed using the guidelines suggested by the EC³⁷ and categorized from common (1–10/100 treatments) to rare (1–10/10 000 treatments).

According to the EC,³⁷ common AEs occur 1–10 times per 100 treatments. Four common AEs were recorded in the study. Bleeding was the most

frequently reported AE, with 576 reported incidents, giving a rate of 7.55/100 treatments. Bruising was the second most frequently reported with 355 cases (4.65/100), followed by pain during treatment ($n=230$, 3.01/100), and pain after treatment ($n=167$, 2.19/100). Using the EC classification,³⁷ five uncommon AEs were identified. These occur 1–10 times per 1000 treatments. Aggravation of symptoms occurred 67 times, giving a rate of 8.78 incidents per 1000 treatments (8.78/1000). This was followed by drowsiness ($n=20$, 2.62/1000), feeling faint ($n=17$, 2.23/1000), headache ($n=11$, 1.44/1000), and nausea ($n=10$, 1.31/1000).

Although the target of 10 000 treatments was not reached, an approximate rate for rare AEs was calculated based on the EC classification (occurs 1–10 times per 10 000 treatments).³⁷ Patients experiencing fatigue or altered emotions were each recorded three times in 7629 treatments giving an estimated rate of 3.93/10 000 treatments. Each of the following AEs were recorded once: shaking, itching, claustrophobia, and numbness, by different physiotherapists giving an estimated rate for each of 1.31/10 000 treatments. Further information was provided for these rare AEs. The patient who was shaky recovered after 3 minutes. Itching was felt in the referral area of the gluteus medius for 2–3 minutes, which then dissipated. Numbness was experienced in the area of needling for 12 hours, a complete recovery ensued. Prone lying was the cause attributed to one patient experiencing claustrophobia during TrP-DN. The practitioner was unsure if TrP-DN was a contributing factor and changing the patient's position relieved this.

A large range was noted in the rate of AEs recorded per participant. The mean rate of AEs per 100 treatments was 24.18 ($sd=20.09$) with figures ranging from 3.13 to 93.1. Analysis using the Kolmogorov–Smirnov test revealed data were not normally distributed therefore non-parametric tests

Table 3 Types of Adverse Events (AEs) reported in 7629 treatments with trigger point dry needling (TrP-DN)

Event	Cases reported	Number per 100 treatments	Number (%) of physiotherapists reporting none	Extreme values recorded by individual practitioners per 100 treatments
Bleeding	576	7.55	4 (10.25)	32.23, 30
Bruising	355	4.65	3 (7.69)	26.09, 21.84
Pain during treatment	230	3.01	9 (23.08)	20.75, 20.69
Pain after treatment	167	2.19	14 (35.9)	20.69, 18.4
Aggravation	67	0.88	22 (56.41)	10.99, 5.75
Drowsiness	20	0.26	32 (82.05)	4.44, 3.26
Feeling faint	17	0.22	28 (71.79)	4.17, 2.5
Headache	11	0.14	31 (79.49)	1.15, 1.1
Nausea	10	0.13	31 (79.49)	2.7, 2.22
Fatigue	3	0.04	37 (94.87)	1.77, .27
Emotional	3	0.04	37 (94.87)	1.59, .27
Shaky	1	0.01	38 (97.44)	3.03
Itching	1	0.01	38 (97.44)	0.47
Claustrophobia	1	0.01	38 (97.44)	0.16
Numbness	1	0.01	38 (97.44)	0.47

were chosen for analysis. Analysis using Spearman's Rank Order Correlation (ρ) revealed no significant correlation between the participant's age (Correlation coefficient (r_s) = -0.113 , $P=0.520$), experience (r_s = -0.175 , $P=0.316$), TrP-DN experience (r_s = -0.121 , $P=0.487$), choice of SDN over DDN (r_s = -0.027 , $P=0.878$), or number of TrP-DN treatments (r_s = -0.164 , $P=0.346$) with the rate of AEs.

Six participants reported rates of AEs per 100 treatments that were greater than 1 sd above the mean (>44.27 AEs per 100 treatments) greater than 1 sd above the mean (>44.27 AEs per 100). The Mann-Whitney test was used to compare medians for the seven most common AEs between these six participants and the remaining 33 participants. Medians were significantly higher among the outliers for bleeding ($P=0.003$), bruising ($P=0.001$), and pain during treatment ($P=0.003$). Medians were higher for the remaining AEs but were not statistically significant for pain after treatment ($P=0.758$), aggravation ($P=0.154$), drowsiness ($P=0.898$), and feeling faint ($P=0.148$).

Discussion

In this study, AEs were reported in 19.18% ($n=1463$) of treatments using TrP-DN. Adverse Events would therefore be considered very common.³⁷ All AEs reported were mild and no significant AEs were reported. This implies that the estimated risk of significant AEs using Hanley's Rule of Three³⁸ was $\leq 0.04\%$ ($3/7629$). Therefore, in this study, the estimated rate of significant AEs can be considered, at worst, rare. Although no significant AEs occurred, the results should be interpreted in light of the sample size of the current study. Studies using greater numbers of treatments are needed to determine a more accurate rate of significant AEs.

When compared with similar prospective studies on acupuncture, the AE rate of 19.18% reported in this study appears high. Yamashita *et al.*²⁶ reported a rate of 0.14%, followed by Witt *et al.*³⁰ at 0.9%, White *et al.*²⁸ at 7%, and Ernst *et al.* at 11.4%.²⁹ Many factors may have contributed to the comparatively high rate observed in the current study. A different methodology was used by Witt *et al.*,³⁰ whereby AEs were reported by the patient. Patients view AEs differently from practitioners, with a change in function an important factor in whether a patient defines an event as adverse.³⁵ This may mean under-reporting of mild AEs if function is unaffected. AE reporting by practitioners versus patients has not been investigated for physiotherapeutic modalities, but, in other disciplines differences have been found.^{39,40} In Yamashita's study,²⁶ AEs were only reported if the practitioner or patient felt it was a problem, which may account for the low rate of AEs in their study (0.14%).

The current study used a similar methodology to White *et al.*,²⁸ but that study reported a lower rate of AEs, 7%. Acupuncture and TrP-DN differ in the points treated and methods and depth of needle stimulation, and therefore are not directly comparable. It should be noted that there are many different schools of acupuncture with different treatment points and techniques.⁵ The manipulation of the needle with TrP-DN to elicit multiple LTRs¹ is distinctly different from acupuncture where the needle is normally inserted to the depth of the acupoint and manipulated gently until a dull ache called '*deqi*' is achieved.³² It is likely that compared with acupuncture, TrP-DN could lead to more local microtrauma resulting in bruising, bleeding, and pain.⁴¹ In the current study, however, no significant AEs were reported in 7629 treatments, giving an upper risk rate for significant AEs of $\leq 0.04\%$.³⁸ This compares favorably with 0.14% in the study by White *et al.*²⁸ and 0.22% (AEs requiring further treatment) in the study by Witt *et al.*³⁰ The estimated risk of significant AEs in this study ($\leq 0.04\%$) is also much lower than that reported for some over-the-counter pain medications (aspirin, 18.7%; ibuprofen, 13.7%; and Paracetamol, 14.5%).⁴²

In the current study a large variation is seen in the rate of AEs reported per participant with figures ranging from 3.13–93.1/100 treatments with six of the 39 participants reporting particularly high rates of AEs. Among these six participants, rates of reporting of bruising ($P=0.003$), bleeding ($P=0.001$), and pain during treatment ($P=0.003$) were significantly higher compared with the other 33 participants. Participants were instructed to record any bruise as an AE, but the recording forms did not state how much bleeding or what level of pain constituted an AE. The definition of an AE was printed on all forms, but it is conceivable that different participants made interpretations as to what was meant by an AE. Varied rates of reporting could also arise due to differences in needling techniques or patient cohorts. The reasons for these differences are unknown as a follow-up of participants was not part of this study's methodology. White *et al.*²⁸ carried out a follow-up of participants with high rates of reporting and found that these participants had reported slight discomfort or a single drop of blood as an AE. Similar follow-up may be beneficial in future studies on TrP-DN. The definition used in the current study was chosen to be capable of identifying mild and significant events,³³ however, the delineation between what constitutes an expected and acceptable consequence of treatment and what is adverse is unclear. A recent Delphi study introduced the term 'not adverse' for events that are mild and transient with no alteration in function,³⁴ which were deemed by experts to be an acceptable consequence of treatment. When the patient perspective is considered,

mild pain with unaltered function may not be considered adverse.³⁵ Further studies may use an alternative system of reporting to account for events considered 'not adverse'. Problems can also arise due to the lack of consistency in the terms used for recording recording AEs. Calls have been made to standardize being made to standardize terminology.⁴³ This variation in terminology makes comparisons between similar studies difficult.

There are a number of limitations to the current study. No significant AEs were reported, therefore, the risk of significant AEs could only be estimated using Hanley's Rule of Three.³⁸ This should be interpreted with caution as it is only an estimation, and further large-scale studies are indicated. Participants may have been reluctant to report events where negligence could be inferred, as participants were potentially identifiable. Future studies should consider the benefits of anonymous reporting. Some AEs may have been wrongly attributed to TrP-DN, as participants were not asked to judge causality, thus leading to possible over-reporting of mild AEs. This study was designed as a prospective study in an effort to obtain the most accurate results. However, as forms were returned at the end of each month, it is possible that participants completed the forms retrospectively at the end of each month rather than as each event occurred, introducing the possibility of inaccurate reporting.

Adverse Events can and do occur with needling therapies and when choosing a treatment approach, the risk of both mild and significant AEs must be discussed with patients.⁴⁴ Clinicians should strive to maintain safety at all times and this paper provides practitioners using TrP-DN with a means of discussing the known risks in order to obtain informed consent.

Conclusion

Almost 20% of treatments with TrP-DN by the physiotherapists in this study resulted in a mild AE. Common AEs include bruising, bleeding, and pain. No significant AEs occurred and the estimated risk of significant AE was $\leq 0.04\%$ by Hanley's Rule of Three.³⁸ This must be viewed in light of the scale of the study and further large-scale studies are warranted.

Acknowledgements

The authors wish to thank the participants in the study, whose contribution made this study possible. We are very grateful to Dr Adrian White for access to, and permission to modify his questionnaire.

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Manning, Judy [IDPH]

From: Knabe, Judith M <judith-knabe@uiowa.edu>
Sent: Wednesday, October 28, 2015 7:34 PM
To: Manning, Judy [IDPH]
Subject: Require advanced training

To: Iowa Board of Physical and Occupational Therapy
From: Judith Milisen Knabe MS CCC; Speech/Language Pathologist
Re: Require Advanced Training for Persons Doing Needling

I am writing from the perspective of a patient and a long-term guide for persons who have pain. I have found that a licensed acupuncturist with extensive training [4 years of advanced classes] is able to dramatically improve and in a number of instances cure many complex issues we patients have.

That is certainly true in my case and a number of friends who have found true solace in treatment. A licensed acupuncturist has many different ways to approach pain that can solve problems because this specialist already has years of experience by the time training is finished. As a result, the licensed acupuncturist has many different treatment modalities to employ.

I had a person-- with limited training— apply dry needling on my trigger points; this physical therapist ended up causing me damage because of the lack of knowledge of the technique.

I have friends who goes to physical therapists for dry needling; I consider this hazardous because the needle can go too deep or an incorrect angle can be used. I believe this Board should help protect Iowans from the possible hazards to inadequately trained persons.

I feel Iowa has too few laws governing: [1] the use of needling and [2] restrictions requiring those who do this to have proper educational training in the art of acupuncture. I hope you will read my letter and consider tightening restrictions and limit needling to well trained acupuncturists.

Manning, Judy [IDPH]

From: Alisha <Alisha@iowaacupuncture.com>
Sent: Wednesday, October 28, 2015 4:55 PM
To: Manning, Judy [IDPH]
Subject: Dry Needling

Importance: High

Dear Ms. Manning,

I am writing this email in concern for the practice of Dry Needling. I do not think it is safe or right that a physical therapist can have as little as 24 hours of training to administer a therapy that is so invasive. Although PT's have said that dry needling is not acupuncture, how can one use the same points as acupuncture and the same needles as acupuncturists use (which is not legal) and say it is not acupuncture? Furthermore, I have worked at an acupuncture clinic for over 5 years. When a new patient calls to schedule their first appointment I always ask "have you received acupuncture before?" and on several occasions the response has been "yes, from my physical therapist." It has been very confusing to patients.

I believe physical therapy is a wonderful practice. It has helped so many people including many of my family members and friends. I will continue to encourage my friends and family to use physical therapy for certain ailments. However, I would not encourage friends or family members to receive dry needling from a physical therapist, in the same way as I would not encourage them to receive physical therapy from an acupuncturist. Acupuncturists have shared the classroom with physical therapists but that in no way makes it okay for acupuncturists to take a 24 hour training course and then be able to do physical therapies on patients.

When you stick an acupuncture needle into an acupuncture point, which all trigger points are, for healing purposes you are administering acupuncture and should not only be licensed but also need to have the accredited degree and proper training to go along with it. Please stop dry needling by physical therapists.

Thank you,

Alisha Hutchings
Iowa Acupuncture Clinic
Clive, IA 50325

October 24.015

To the Board of Physical and Occupational Therapy

My name is Pamela Whitmore and I am a retired critical care provider with expertise in Pulmonary Medicine and Respiratory Care. I spent 21 years working in direct patient care for the Iowa Health System and 8 years doing the same at Dallas County Hospital. I am a double graduate from Drake University BS/Ed and MS/Health Education. And a graduate of Des Moines University with MS/Healthcare Administration. I am writing today to express my serious concern for some healthcare providers (physical therapists, Athletic trainers, Doctors of Chiropractics) who are promoting a skill they call "dry needling," that is clearly out of their scope of practice.

I have been a client of many physical therapists, over the years, and have had excellent results without dry needling. I have also been a client of acupuncture numerous times with successful results. My concern is the amount of knowledge that the physical therapists have taken to learn this skill, compared to the amount of education the licensed acupuncturists have taken to learn and master their knowledge and skills. A mere 25 hours to learn Dry Needling with no supervised clinical experience compared to 2500 hours of training and education, that includes 700-900 hours of supervised clinical hours, speaks for itself.

True Acupuncture is a timeless healthcare modality used for many centuries throughout the world to help individuals maintain their health and/or repair their health back to homeostasis. The practitioners that provide these skills have learned and mastered their techniques over many dedicated years while Physical therapists learn to dry needle, an attempt to copy acupuncture, by taking a weekend seminar. This should be a red flag to clients who do not understand the differences and risks, but who think they are getting a 'type of acupuncture'. It then becomes a potential health risk with needles being inserted into the body in random placements that can create serious health issues including bleeding, infection, hematomas, nerve damage, cellulites and unnecessary trauma.

Acupuncture not only treats pain, but works on the entire body with each needle inserted. Depth and angle of needle insertion can have profound effects on other parts of the body, as well as, effecting one's natural state of wellbeing. This is just one of many reasons why acupuncture should only be done by a licensed acupuncturist who has the knowledge and deeper understanding of acupuncture and eastern medicine. Why would it be in our best interest to let acupuncture be compromised so another profession can add revenue into their practice without the proper training, understanding, and safeguards in place?

I have spent my adult life being a patient advocate with an emphasis on client safety, education, and the patient's well being. I believe everyone deserves the highest quality of care possible. I find it hard to understand that physical therapists can provide an invasive technique known as dry needling with minimal training necessary, to be a good example of providing highest quality of care to patients. We deserve better and expect better to protect the public's safety. Acupuncture should only be done by a licensed acupuncturist.

Thank you for your attention to this vitally important matter.

Pamela Whitmore RRT, BS/ED, MS/HED, MS/HCA

Manning, Judy [IDPH]

From: Roger Williams <rogerandgail@mac.com>
Sent: Wednesday, October 28, 2015 9:39 PM
To: Manning, Judy [IDPH]
Subject: Public Response: Acupuncture/Dry Needling

For almost 16 years I have served as an office manager at the largest acupuncture clinic in Iowa. I have seen the tremendous difference that acupuncture can make in the lives of patients. In fact I have experienced that difference myself, receiving amazing relief from chronic conditions. I believe the integrity of this valuable branch of medicine must be protected. That is why I am deeply concerned that healthcare providers, who are not adequately trained in the art of Traditional Chinese Medicine, are allowed to practice a procedure called "dry needling," which is, essentially, acupuncture.

An accredited acupuncturist must earn a Master's Degree in Oriental Medicine. This rigorous course of study is about much more than where to place the needles: More than 2500 hours of education is required, including a supervised Clinical Internship of 700-900 hours. The graduate acquires a deep understanding of the centuries-old tradition of Chinese Medicine, acupuncture, herbal therapy and more. To retain his accreditation, the practitioner must then complete 60 hours of continuing education every four years. The accredited acupuncturist has the knowledge and training to safely and skillfully use his needles.

Compare this with the woefully inadequate training required of the other providers seeking to practice "dry needling." Chiropractors, Physical Therapists and Athletic Trainers need only from 24 to 100 hours of training, which includes just 13.5 hours of hands-on practice. This is shocking! How could these practitioners possibly know everything they need to know regarding contraindications and proper needling technique? Even though they are required to be very skilled in their own area of expertise, dry needling is an invasive therapy, not allowed under the scope of practice for these disciplines.

Acupuncture needles are restricted and regulated by the FDA. As a Class II medical device they are to be purchased "by or on order of a **qualified practitioner of acupuncture**" or, in other words, by an accredited acupuncturist. Accordingly, non-acupuncturists should not even be able to purchase them! How, then, does the State of Iowa allow anyone to use them unless they are qualified? This is an important safety concern! The trusting patient is exposed to potential danger when an insufficiently trained healthcare provider is allowed to practice this technique. At the very least, the patient will experience an inferior version of a very effective therapy. I am also concerned for the accredited acupuncturist who has spent years devoted to education, training and building his business. How is it fair to him, to allow others to appropriate one of the essential elements of his profession? He is, after all, The Acupuncturist! Practitioners in any branch of the healing arts should respect the others. An acupuncturist, knowing his patient needs chiropractic care, does not attempt to take a crash course and add chiropractic therapy to his list of treatment options. All specialized areas of medicine must be protected for the benefit of the patient and the practitioner.

I urge the Iowa Board of Medicine to safeguard this valuable profession and the citizens of Iowa. By allowing only accredited practitioners of Traditional Chinese Medicine to practice the art of acupuncture, including dry needling, patients will receive the highest quality of care.

Sincerely,

Gail Williams
2821 Pleasant Street

West Des Moines, IA 50266

Manning, Judy [IDPH]

From: Rose Hosek <northerniowaacupuncture@gmail.com>
Sent: Wednesday, October 28, 2015 6:32 PM
To: Manning, Judy [IDPH]
Subject: Physical Therapy Board- Dry needling
Attachments: PT Board PDF.pdf

Judy Manning,

Please find the attached letter regarding Physical Therapists and dry needling. I would appreciate your time to read my comments and to make your decision based on public safety and safe guarding the practice of Chinese medicine.

Sincerely,

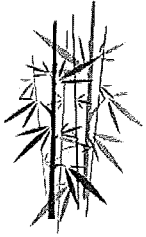
Rose Hosek, L.Ac

Northern Iowa Acupuncture Clinic

Rose M. Hosek MSOM, Dipl. OM (NCCAOM), L.Ac
411 Court Street
Rockwell City, IA 50579

(712) 297-5556

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**NORTHERN IOWA
ACUPUNCTURE CLINIC**

Rose M. Hosek, L.Ac, Dipl. OM, MSOM
411 Court Street Rockwell City, IA 50579
(712) 297-5556

Judy Manning
321 E12th Street
Des Moines, Iowa 50319
jmanning@idph.state.ia.us

Ms. Manning and Iowa Physical & Occupational Therapy Board Members,

I am writing you today on behalf of the safety of the people of Iowa and as a Licensed Acupuncturist in the State of Iowa. I urge you to rule that dry-needling is indeed acupuncture and not within the scope of Physical Therapy. In order for me to become and maintain my licensure as Licensed Acupuncturist in the State of Iowa I had to complete a Masters program at an accredited school, pass Clean Needle Technique certification, obtain and maintain certification by the National Certification Commission for Acupuncture and Oriental Medicine, and obtain and maintain licensure by the State of Iowa Medical Board. I graduated with over 3000 hours of training in Oriental Medicine and had to complete a clinical internship in order to graduate with my masters degree at Southwest Acupuncture College. I attended classes as well as taking a written and practical exam to obtain my clean needle techniques certificate. I sat the National Exams for Oriental Medicine and hold my certification by NCCAOM. I hold my State of Iowa Medical Board license in Acupuncture. I maintain my National Certification and Iowa license with continuing education.

These requirements are what the State of Iowa says I need to safely insert needles into the human body, no matter what I am treating the person for. It doesn't matter if I am treating headaches caused by stress or tension in the trapezius muscle, it doesn't matter if I am treating a sports injury or muscle knots, I must be properly trained and licensed per the above requirements. I agree with the State of Iowa, that all this training MUST be required in order to protect the public from undo harm to put needles in the hands of those who have had 24 hours of training is a public health risk for injuries and infections. The wrong angle of insertion or depth over the rib cage could result in a pneumothorax, too deep into the Quadratus Lumborum muscle and you could easily puncture a kidney; my patient or not, I do not want this to happen to anyone. How can it be I am required by the medical board to have all this training, but physical therapists can go for a weekend course and be considered just as qualified to perform the same treatment?

It is also stated for Acupuncturists that each needle is to be used once, therefore once it has been removed from the package it can pierce the skin once before being discarded into the sharps container. However, most physical therapists re-use needles, they are even taught how to resheath the needle in order for it to be inserted again (as was stated on Page B-2 of "Analysis of Competencies for Dry Needling by Physical Therapists Final Report" prepared for the Federation of State Boards of Physical Therapy). This poses a huge risk of infection not only to the patient but the practitioner.

Physical Therapists argue they are not using acupuncture because they are not using the theory of Chinese Medicine, I respectfully disagree. Dry-needling is a form of acupuncture (Acu= needle and

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puncture = insertion) physical therapists are using federally regulated acupuncture needles inserted into the patient's body for therapeutic results. There is a large number of dry-needling classes that also teach acupuncture meridians, acupuncture points and even some theory. How is this not acupuncture? It doesn't matter if you know Chinese medical theory or not, Physical Therapists use the medical theory each time they insert a filiform needle into the body. In some situations not knowing the theory can cause more harm long term for the patients they choose to use it on. It would be likened to a chiropractor removing a fatty cyst on a person's back and calling it a tissue realignment. Yes, the chiropractor has extensive knowledge of the body in terms of nerves, muscles and bones. Yes, the cyst may need to be removed to benefit the patient; however, calling it a tissue realignment doesn't change the fact that it is a surgery. I think you would agree this is out of the scope of practice of a chiropractor, and damage from such a procedure can have long lasting effects, regardless of whether or not he knew the theory behind the procedure.

You argue that your method of "lifting and thrusting" the needle is your own theory, again I must respectfully disagree. Chinese medicine is over 4000 years old and there are several techniques that use the lifting and thrusting method, many of which I use on a daily basis. One of these techniques is called "Burning the Mountain", this is a strong tonification technique where the practitioner starts at the superficial level and progressively works deeper into the tissues. This is used to treat neuropathy and to tonify Qi and Yang. If used incorrectly or on the wrong person, the patient experiences nausea, anxiety, anger, and pain. Another technique is "Cooling the Sky" which is a sedation technique that clears heat and disperses Qi quickly. This technique starts at the deep level and progressively works its way (with vigorous thrusting at each level) to the surface. If used incorrectly or on the wrong person, the patient experiences a cold from which they cannot warm, they are tired, they get light headed or even faint. I also use "lift and thrust" technique it is to be used on severely stagnate Qi, such as muscle spasms and knots. Used incorrectly can leave hematomas, locked muscles, stuck needles, extreme fatigue or nerve damage. The technique that is used by Physical therapists was born in Traditional Chinese Medicine and used by acupuncturists, and therefore is not within the scope of a physical therapist.

I have the upmost respect for physical therapists and their profession. Chinese Medicine and physical therapy work really well together, so let us work together. I urge you to come to the conclusion that dry-needling is indeed acupuncture and therefore out of the scope of practice for physical therapists. Let these professionals focus on what they do best-physical therapy, not acupuncture. As I focus on my speciality that is Chinese Medicine.

Thank you for your time regarding this matter, I look forward to your decision.

Sincerely,

Rose M. Hosek, L.Ac (Iowa), Dipl.OM (NCCAOM), MSOM

Manning, Judy [IDPH]

From: Patrick Yoerger <patrickyoergerlac@gmail.com>
Sent: Wednesday, October 28, 2015 11:49 AM
To: Manning, Judy [IDPH]
Subject: dry needling
Attachments: IMG_0957.jpg; IMG_0958.jpg; IMG_0961.jpg

To the Iowa Board of Physical and Occupational therapy,

I am writing today to express my concern about the unlicensed use of acupuncture needles.

I am currently a licensed acupuncturist in Iowa. Prior to becoming an acupuncturist I was a licensed massage therapist in Iowa. During my training as a massage therapist I was introduced to trigger point therapy. While working as a massage therapist I continued my education by taking classes that specifically used The Myofascial Pain and Dysfunction Manual by Janet Travell. While receiving my first acupuncture treatment I realized that the acupuncturist, who had no experience with Travell's manual was needling the trigger points that were causing my pain. I fully understand the desire to use acupuncture needles to treat trigger points as it is very effective and much easier on the practitioner's body than manual therapy. However, the minuscule training that physical therapists and others who wish to dry needle is not significant enough to protect the public from the severe damage that can be caused by improper use of this tool. Acupuncture needles are a class 2 medical device and require extensive training to be used safely on the public, as deemed by the FDA, WHO, and the Iowa Board of Medicine.

Dry needling is rebranding of an advanced acupuncture technique called thrusting and lifting where an acupuncture needle is inserted into a hypertonic muscle and repeatedly thrust into the muscle belly until the muscle twitches and returns to its resting position. This needling technique has been used for thousands of years as one facet of acupuncture. Acupuncturists study and train for 4 years of graduate level classes. All classes are specifically geared towards inserting needles deep into human tissue. All contraindications, risks, and procedures are studied and reviewed for about 2 years before an acupuncture student inserts a needle into a fellow student. Acupuncture students practice supervised on other students and the public for another 2 years before practicing unsupervised. This extensive training and supervision ensures the acupuncturist does not develop poor habits such as incorrect needle angles, too deep of insertion, and a perception that what they are doing is not dangerous.

Acupuncturists routinely needle directly into muscle whether needling an ashi tender point (trigger point) or when needling an acupuncture point the jump of the muscle (local twitch response) is expected and needling of the point is complete once this has been achieved. It is next to impossible to needle an acupuncture point without needling a muscle as you can see from the photos from an acupuncture needling text book included as an attachment. Inserting an acupuncture needle through the skin into muscle is acupuncture and anyone doing this should be trained as such. I have personally spoken with PTs who have told me that what they do is not acupuncture because they needle much deeper than an acupuncturist would. As you can see from the attached photos acupuncturists are clearly trained to needle deep into muscle tissue and stop just before contacting vital nerve and vascular structures. Again, the local twitch response is the desired outcome when an acupuncturist needles.

All acupuncture patients read and sign a document that explicitly states and discloses the training and experience of the acupuncturist as required by Iowa law and the Iowa Board of Medicine. I have always assumed the purpose of this was to ensure the public was well aware of the training and competence of their acupuncturist as acupuncture can be extremely dangerous when performed by an improperly trained person. Will dry needling patients read and sign a document that explicitly and transparently discloses the training and experience of the dry needler?

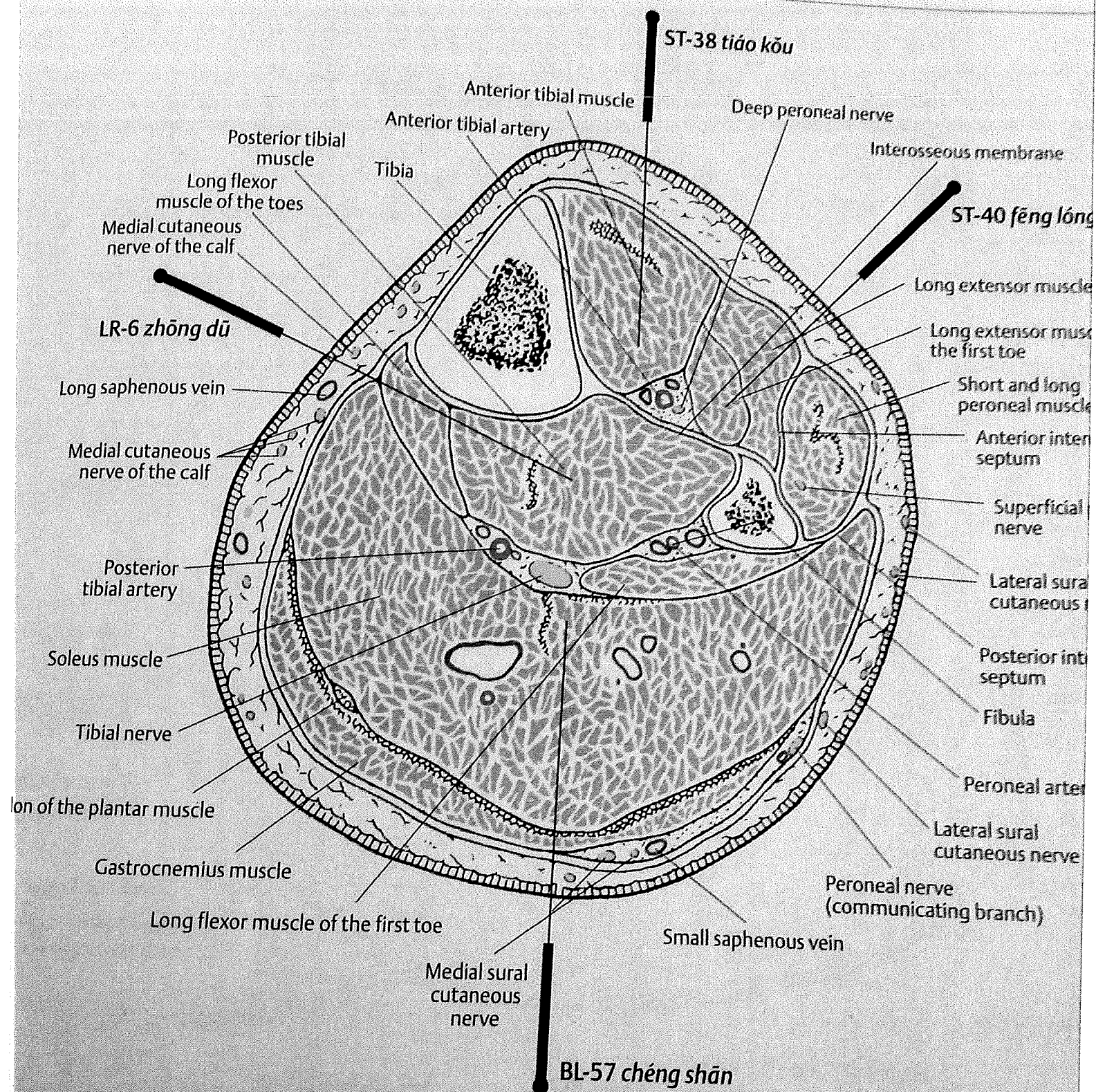
As a practitioner of trigger point therapy as a massage therapist and a fully trained acupuncturist it is clear to me that the procedure of dry needling is identical to acupuncture. The safe practice of acupuncture requires extensive training and supervision that cannot be attained in a weekend class. Doing so puts the people of Iowa at risk.

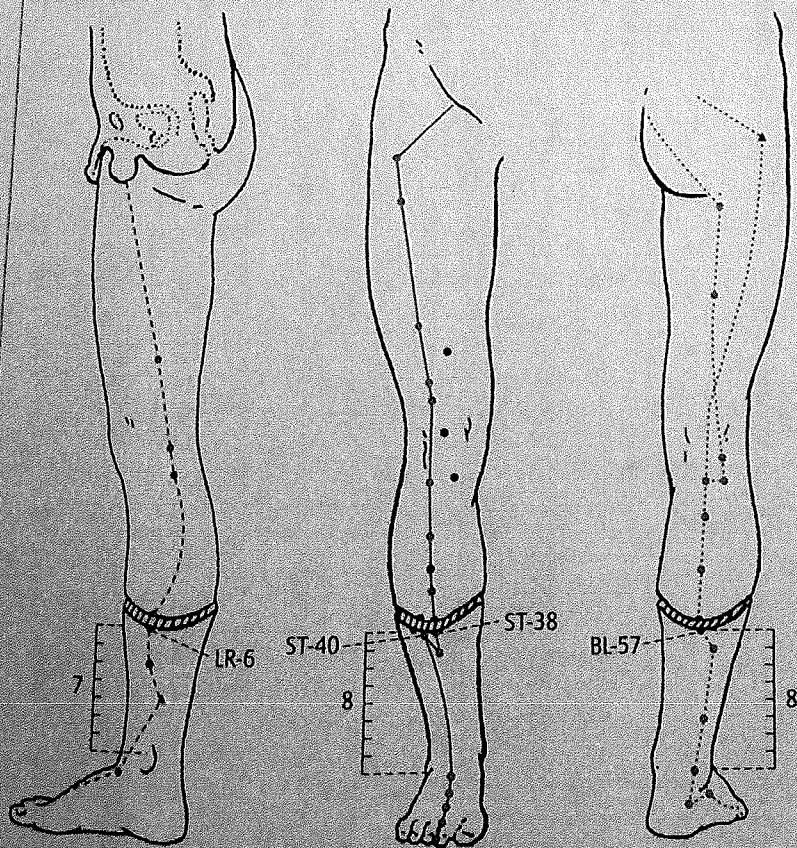
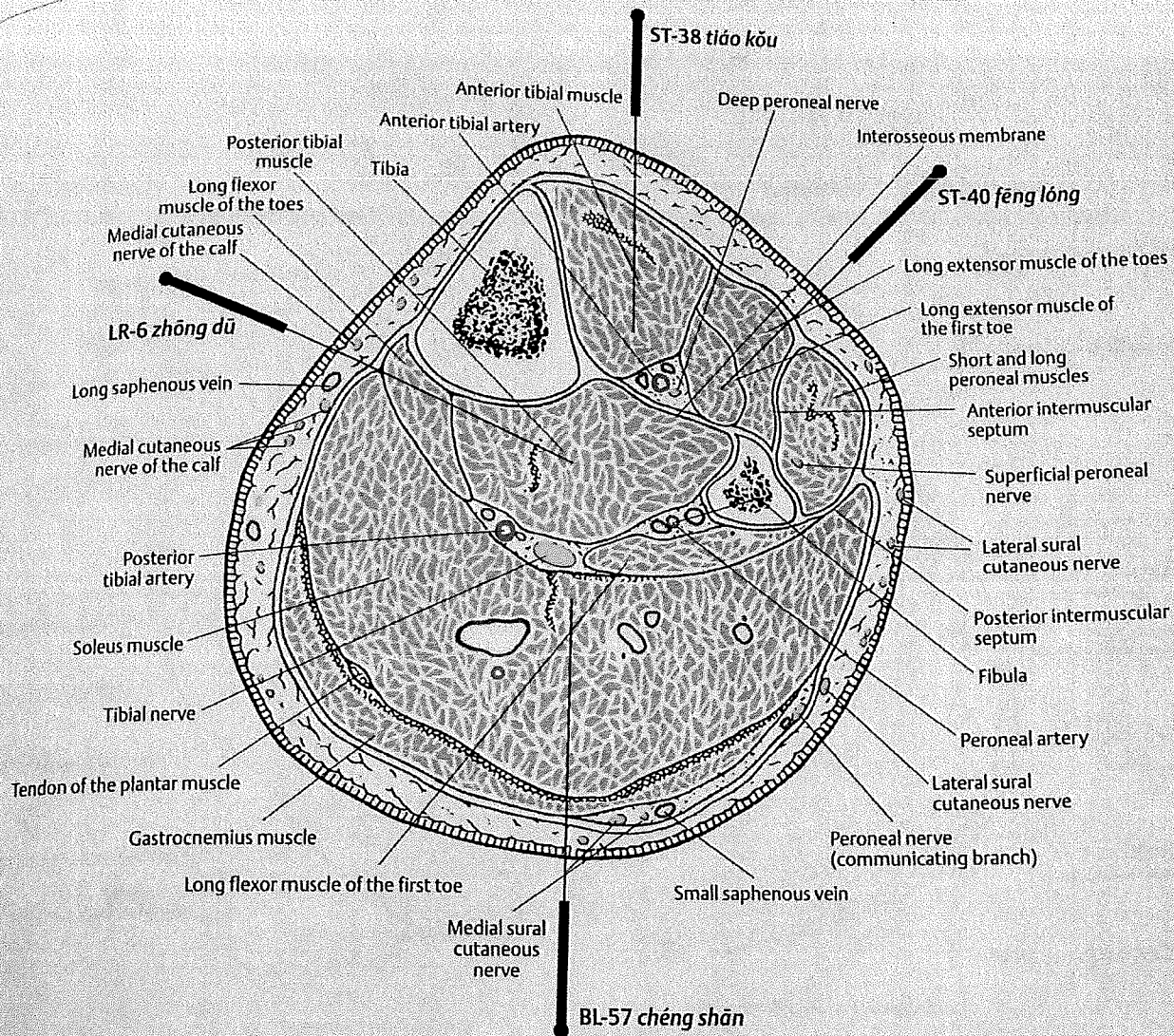
Sincerely,

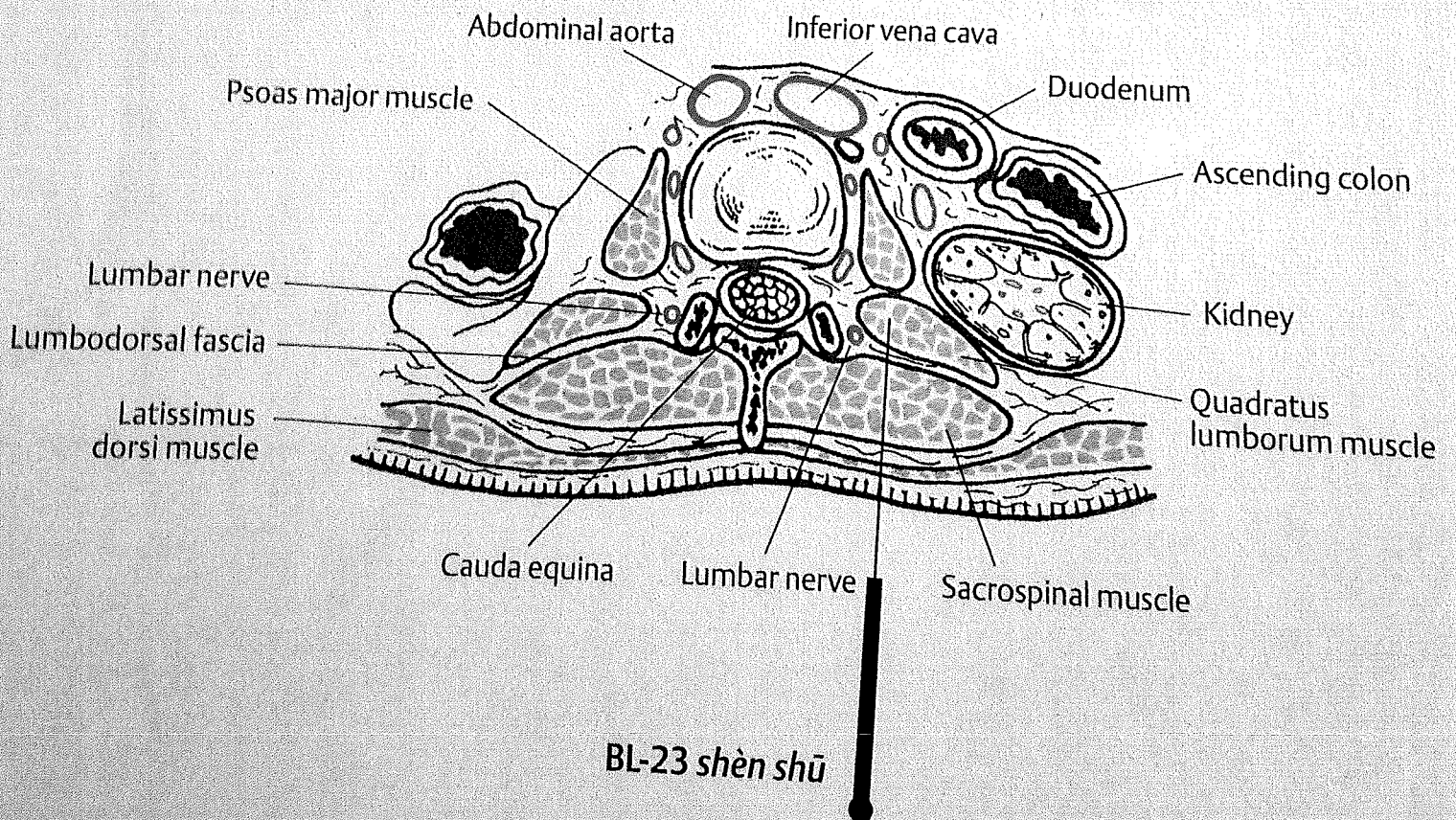
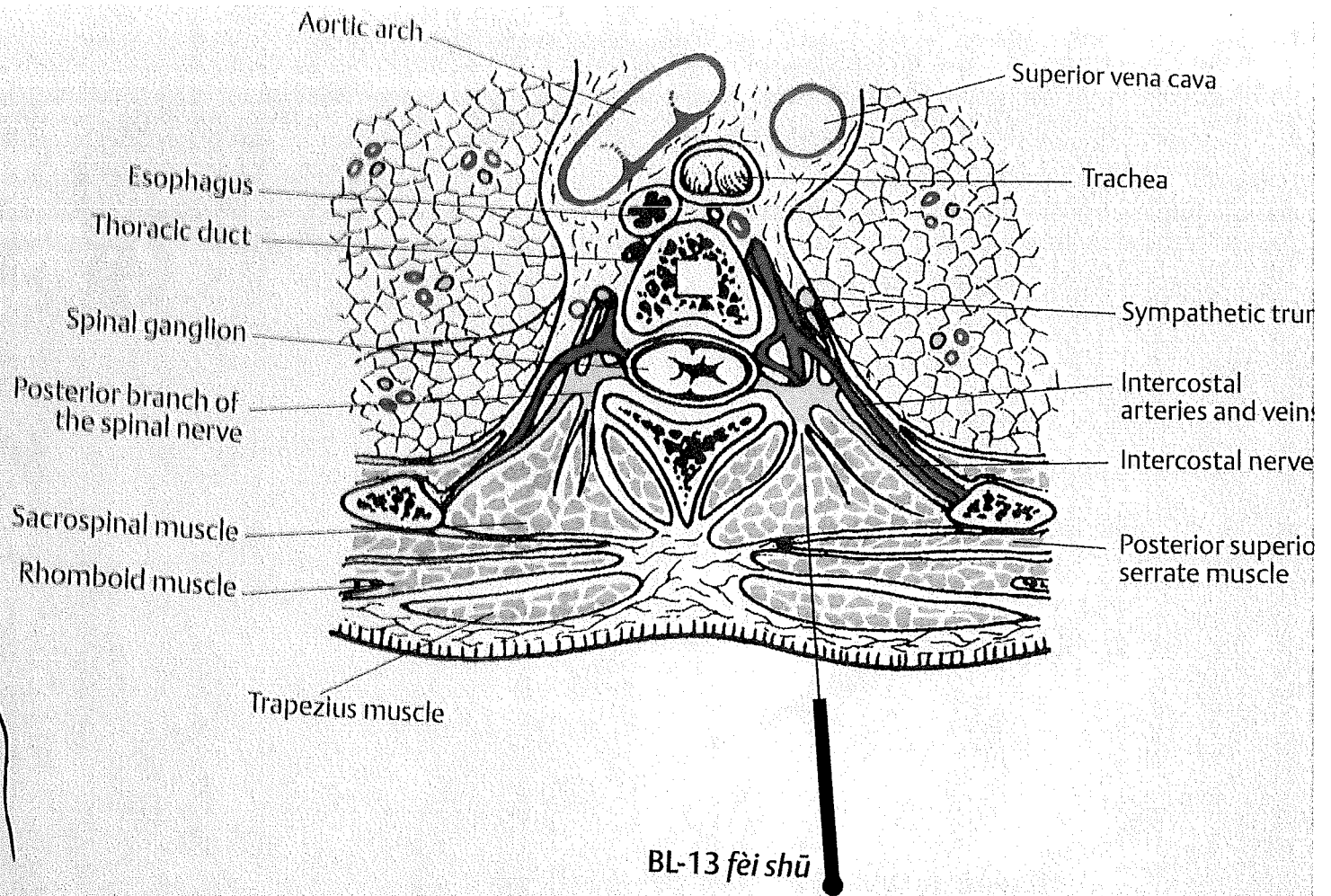
Patrick Yoerger L.Ac.
Eastwind Healing Center
221 E. College St. Suite 211
Iowa City, IA 52240
(319)337-3313

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LESLIE BECKER

618 29th St., Des Moines, Iowa 50312

515-274-1302

515-255-1167

OCT 28 2015

Iowa Board of Physical and Occupational Therapy
321 East 12th Street
Des Moines, Iowa

Dear Board Members,

I write to protest the use of dry needling techniques by physical therapists, occupational therapists, chiropractors, athletic trainers and/or medical doctors.

I have received traditional treatments from practitioners within most of these disciplines. All were efficacious, however the diagnosis and treatment strategies varied greatly even when my complaint or condition seemed to be the same. In other words, each practitioner's understanding of how human bodies work was decidedly different. The treatments reflected and augmented what each knew from years of training and experience to be true.

Dry needling or acupuncture moves energy along meridians. The effects are sometimes subtle but more often profound. Without an arduous effort to understand and then observe in a controlled setting the effects of these energy movements, a practitioner could create serious problems for the patient. Additionally, with bodies varying widely in size and form, an undereducated practitioner runs the risk of accidentally hitting the wrong point and then who knows the result. I would not let a loved one near a practitioner who had not devoted his or her life to immersing themselves in the philosophy and practice of Asian medicine.

The public needs to know acupuncture and dry needling are not adjunct therapeutic techniques. The use of needling regardless of what it is called is a separate healthcare discipline. Please do not endorse its use by those in other disciplines.

Sincerely,



Leslie Becker

10/27/15

To the Board of Physical and Occupational Therapy:

My name is Ashley Mayrose, and I am a receptionist and office assistant at the Iowa Acupuncture Clinic as well as the Assistant Director for the Iowa Association of Oriental Medicine and Acupuncture (IAOMA).

First of all, I want to thank every member of the Board for the patience and respect you have shown throughout this process. I know you have many hundreds of pages of letters, response forms, academic research, and legal documents to go over in the next month and a half. It must be obvious to you that there is a good deal of passion surrounding your upcoming decision, and we appreciate the time you have given us to collect letters and opinions and send them your way.

I was an employee at the Iowa Acupuncture Clinic before I ever had acupuncture. My mother had seen the clinic had an open position and told me to apply, and she knew the practitioners because they had helped her a few times over the past years for various reasons, mainly with helping her through a difficult pregnancy, and thought very highly of them. I applied, and got the position.

It took me six months to get over my apprehension and have an acupuncture treatment. I knew acupuncture needles were tiny—I saw them when I was stocking and in the hazardous waste bins where we put them after use. I also knew that the acupuncturists at my clinic were incredibly good. They have almost twenty years of practicing in the metro, and there are many patients who have been regularly scheduled or scheduled as needed throughout all of those 20 years. I heard and saw firsthand how effective and safe Elizabeth and William were, and greatly respected them for the great wealth of knowledge they possessed, both in the ancient Oriental notion of the body and in the Western understanding I recognized from Human Biology classes in college.

Even so, there *are* risks associated with acupuncture, some minor and some major. In my time working here (since August of 2012), I have never seen Elizabeth or William have any truly dangerous complications from their treatments. Headaches, minor bruising, and dizziness sometimes happen, but never anything more significant. I know that this is because of how well they know the body, the points, and, in particular, the way acupuncture needles interact with different body types, tissue types, and application styles. There are many factors they have to consider for every single needle they insert: where to put it, what angle to use, what depth to use, whether or not they need to tap,

twist, or piston the needle once it is in place. I learned just today that there are times when the needles literally bend because of how hard the tissue is, and that there are multiple ways of dealing with that situation if it occurs. All of these factors they have learned to assess and calculate through more than 2500 hours of schooling, schooling that specifically was aimed at making sure they were safe and effective handlers of acupuncture needles at the end.

When our process with your Board began I gave Elizabeth the course catalogue for the Southwest Acupuncture College and asked her to highlight every course that in any way discussed the use of acupuncture needles. I'll attach a copy of that to my letter, because I think it shows quite clearly that even though physical therapists have been trained in the human body, they haven't been trained in the body in the same way acupuncturists have--with the intent at all stages of their education to be inserting acupuncture needles as their end goal. The educational discrepancy between a physical therapist and an acupuncturist isn't one that 24 hours of Continuing Education can fill; it isn't even one 200 hours of extra education could fill. To *perform* acupuncture, you should be *trained* in acupuncture. Physical therapists who want to use acupuncture needles should go to school to add a diplomate of acupuncture to their credentials, not a certificate verifying they attended a weekend course and are now "qualified."

It ended up being February of 2013 before I had my first acupuncture treatment, six months after I started working at the clinic, and I was still nervous. I was nervous, even though I knew and trusted my acupuncturist; even though I had seen and heard such amazing stories from their patients; even though I knew the needles were tiny and would only be inserted a little ways. I was nervous, because having needles stuck in your body is invasive, and contrary to my instincts. I can stretch my muscles, pop my spine, and massage a sore calf at any time, without really thinking, because these are natural movements. Having needles stuck into my body is unnatural, and requires absolute trust. I trust my acupuncturist because I have seen her work, listened to her patients, and researched what it means to be a Licensed Acupuncturist and hold a Diplomate of Acupuncture from the NCCAOM. If I weren't her employee or if I hadn't researched what those terms meant, I wouldn't know exactly what those credentials mean, but I would still trust that she was honestly representing herself and her skills. It seems more than dishonest to me that there are health professionals claiming proficiency in acupuncture by calling it another name and taking short workshops on the topic. Dry needling is acupuncture, and to call it anything else and to have less than the proper level of knowledge is wrong. It insults the work Elizabeth and William have put into their education and their clinical practice, and it misleads the public by falsely promoting a skill physical therapists do not truly have.

We, the public, place trust in the licensing and regulating systems. We trust that if a medical professional says she or he is qualified to perform a certain task, she or he truly

is. It is not our responsibility to make sure they are who they say they are—that is your responsibility, and we trust that you do it to the best of your abilities. Allowing dry needling to be performed by physical therapists violates the trust we place in you, and personally undermines the way I see many health professionals now. Are there other cases where licensing boards might have let something slip through their fingers, something that might potentially mean a practitioner I trust to be qualified actually isn't? I hope not. I hope I can continue to trust that you take your responsibility seriously, and that now that you have this issue before you, and all the facts for your consideration, that you will take the proper course and find dry needling to be outside the scope of physical therapy.

Thank you for your time, and for your efforts on behalf of all Iowans.

Sincerely,

Ashley Mayrose

Southwest Acupunct College

Master of Science in Oriental Medicine Program

Course Name	Course Number	Classification	Semester Hours	Credit Hours
* Chinese Medical Theory I & II	101/102	OMT	90.0	6.00
* Clean Needle Technique	103	BCS	8.0	0.39
* Clinic Training Meeting I	107	BCS	2.0	0.04
Oriental Nutrition	111	HD	45.0	3.00
* Techniques of Acupuncture and Moxibustion	112	ATC	45.0	2.25
Medical Terminology	115	BCS	30.0	0.66
Introduction to Diagnosis I	122A	OMT	45.0	3.00
Introduction to Diagnosis II	122B	OMT	45.0	3.00
* Point Energetics I	131	OMT	45.0	3.00
* Point Energetics II	132	OMT	45.0	3.00
* Point Location I with practicum lab	141	OMT	45.0	2.25
* Point Location II with practicum lab	142	OMT	45.0	2.25
* Clinical Observation I	151	AHCO	52.5	1.16
* Clinical Observation II	152	AHCO	52.5	1.16
* Oriental Physical Therapy I	161	ATC	45.0	2.40
Chinese Herbal Materia Medica I	162	HD	45.0	3.00
Introduction to Chinese Herbology	163	HD	45.0	3.00
Tai Ji	171	OMT	15.0	0.50
Biology	172	BCS	45.0	3.00
Qigong	181	OMT	15.0	0.50
* Clinical Observation III	191	AHCO	52.5	1.16
Human Anatomy & Physiology	200A/B	BCS	90.0	6.00
Cardiopulmonary Resuscitation	201	BCS	6.0	0.13
Cardiopulmonary Resuscitation/Refresher	202	BCS	6.0	0.13
* Chinese Medical Theory III	203	OMT	45.0	3.00
Chinese Herbal Materia Medica II	204	HD	45.0	3.00
* Oriental Physical Therapy II	205	ATC	45.0	2.40
* Pediatric Differentiation of Disease and Treatment	206	AHTC	45.0	2.50
* Clinic Training Meeting II	207	BCS	2.0	0.04
Differentiation of Disease I	211	OMT	45.0	3.00
Differentiation of Disease II	212	OMT	45.0	3.00
Western Physical Exam & Laboratory Diagnosis	215	BCS	45.0	3.00
* Needle Technique Practicum	221	ATC	45.0	2.25
Western Pathology and Diagnosis I	222	BCS	45.0	3.00
* Point Location III with practicum lab	231	OMT	45.0	2.25
* Point Location IV with practicum lab	232	OMT	45.0	2.25
* Intermediate Clinical Diagnosis	241	ATC	45.0	2.25
* Advanced Clinical Diagnosis	242	ATC	45.0	2.25
* Clinical Internship I	250	ACT	52.5	1.16
* Clinical Internship II	251	ACT	52.5	1.16
* Clinical Internship III	252	ACT	52.5	1.16
* Clinical Internship IV	253	ACT	52.5	1.16
Chinese Herbal Patent Medicines	261	HD	45.0	3.00
Traditional Herbal Prescriptions I	262	HD	45.0	3.00
Chinese Medical Theory IV	271	OMT	45.0	3.00
Clinical Counseling	272	BCS	45.0	3.00
Pharmacology	291	BCS	45.0	3.00
* Clinical Internship V	292	ACT	52.5	1.16
* Clinical Internship VI	293	ACT	52.5	1.16
Western Pathology and Diagnosis II	301	BCS	45.0	3.00
OB/GYN	302	OMT	45.0	3.00
* Clinic Training Meeting III	307	BCS	2.0	0.04
Traditional Herbal Prescriptions II	311	HD	45.0	3.00
Intermediate Clinical Herbal Prescribing	312	HCT	52.5	1.16
Chinese Herbal Materia Medica III	322	HD	45.0	3.00
Western Pathology and Diagnosis III	332	BCS	45.0	3.00
Public Health/Epidemiology	335	BCS	45.0	3.00
* Advanced Needle Technique & Palpatory Diagnosis	341	ACT	45.0	2.50
* Clinical Internship VII	351	AHTC	52.5	1.16

Course Name (continued from previous page)	Course Number	Classification	Semester Hours	Credit Hours
* Clinical Internship VIII	352	AHTC	52.5	1.16
* Clinical Internship IX	361	AHTC	52.5	1.16
Advanced Clinical Herbal Prescribing	362	HCT	52.5	1.16
* Clinical Internship X	371	AHTC	52.5	1.16
* Clinical Internship XI	372	AHTC	52.5	1.16
* Clinical Internship—Break Clinic	290/350	AHTC	17.5	0.38
* Practice Management/Medical Ethics	382	BCS	45.0	3.00
Classical Herbal Theory	392	HD	45.0	3.00
* Needle Technique Microsystems	400	ATC	45.0	2.50
Traumatology and Emergency Medicine	401	BCS	45.0	3.00
Occupational Safety and Health Administration Training and the Transmission of Infectious Disease	402	BCS	2.0	0.04
* OSHA Refresher I	403	BCS	1.0	0.02
* OSHA Refresher II	404	BCS	1.0	0.02
Herb Review	410	HD	45.0	3.00
Internal Medicine	420	HD	45.0	3.00
Chinese Pharmacology	430	HD	30.0	2.00

Summary

	Hours	Credits
Number of Observation Hours	157.5	3.48
Number of Actual Clinical Treatment (i.e. Internship) Hours	700.0	15.46
Number of Other Clinical Hours (Classroom)	405.0	21.30
Total Number of Clinical Hours	1262.5	40.24
Total Number of Biomedical Science Hours	600.0	37.51
Total Number of Oriental Medical Theory and Related Arts	705.0	43.00
Herb Didactic Hours*	525.0	35.00
Total Number of Didactic Hours	1830.0	115.51
Total Number of Hours and Credits	3092.2	155.75

*Most of the diagnostics in OMT are required to use herbs. Additionally herbs are used clinically in all third year clinics and virtually all other treatment clinics for reinforcement of acupuncture treatment.

Master of Science in Acupuncture Program

Course Name	Course Number	Classification	Semester Hours	Credit Hours
Chinese Medical Theory I & II	101/102	OMT	90.0	6.00
Clean Needle Technique	103	BCS	8.0	0.39
Clinic Training Meeting I	107	BCS	2.0	0.04
Oriental Nutrition	111	OMT	45.0	3.00
Techniques of Acupuncture and Moxibustion	112	ATC	45.0	2.25
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Introduction to Diagnosis II	122B	OMT	45.0	3.00
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Clinical Observation II	152	ACO	52.5	1.16
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Introduction to Chinese Herbology	163	HD	45.0	3.00
Tai Ji	171	OMT	15.0	0.50
Biology	172	BCS	45.0	3.00
QI Gong	181	OMT	15.0	0.50
Clinical Observation III	191	ACO	52.5	1.16
Human Anatomy & Physiology	200A/B	BCS	90.0	6.00

Manning, Judy [IDPH]

From: Laura McCoy <wholebodyhealing@gmail.com>
Sent: Monday, October 26, 2015 6:17 PM
To: Manning, Judy [IDPH]
Subject: "Dry Needling" IS Acupuncture!!

Ms Judy Manning
Lucas Building
321 E 12 Street
Des Moines, IA 50319

Dear Judy ~

As a Licensed Acupuncturist practicing in the State of Iowa, it concerns me that DC's and PT's utilize a technique in their practices which they call "dry needling". I would like to state my opinion why "dry needling" indeed belongs in the realm of Acupuncture and should be performed by a licensed acupuncturist only after learning proper technique and practices. To begin, I pose a few questions:

First, has anybody ever heard of "wet needling"? There is no such language in the medical text books that differentiates either "dry" or "wet" needling. Needling with acupuncture needles is acupuncture, nothing more, nothing less.

Second, with the so-called dry needling technique, the chiropractor and/or physical therapist needles--with acupuncture needles--into a painful muscle site. Janet Travell, MD, generally recognized as the leading pioneer in the diagnosis and treatment of myofascial pain, labeled these painful muscle sites "trigger points." Dr. Travell's work takes precedent in physical therapy practice even today. However, "Ashi" points, or painful points, were described first in ancient Chinese Medical text books dating back as long as 3,000 years ago, so this is not new thinking! Old school acupuncturists needled these points along with other acupuncture points to facilitate healing.

Third, I began my health career as an athletic trainer. I chose to go to acupuncture school because I saw my athletes heal faster and respond favorably to acupuncture, but I had to LEARN about the medicine. For instance, three plus years in Traditional Chinese Medical (TCM) school helped me learn that needling into motor points, Ashi points, change the muscle spindles in response, being demonstrable by range of motion and manual muscle testing. But, more importantly, motor points are combined with channel points to balance and regulate qi and blood in the channels and collaterals...can you learn this in 100 hours? I propose not!

To conclude, no medical term called dry needling exists. This term has been made up by the physical therapists. Ashi points are motor points, commonly known as trigger points. Painful muscle sites on the body can be resolved by needling into the muscle belly, however, to achieve the best result, a person using acupuncture needles should be well versed as to the many other nuances that go into choosing to use a motor point for healing purposes. The acupuncturist needs the proper schooling along with required internship hours in order to be able to achieve the best possible outcome. A certification program, or 100-hour long course, as learned by the chiropractor or physical therapist will not achieve the best possible outcome for the patient.

Very sincerely,

--

Laura McCoy, MS, LAc, ATC

www.acupunctureandwholebodyhealth.com

Whole Body Healing ~ Treating Your Health...Naturally!

206-303-9777

Live simply. Love generously. Care deeply. Speak kindly...and leave the rest to God.